

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: July 2, 2021 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: July 24, 2021

Auditor Information

Name: Ericka Sage	Email: erickasage11@yahoo.com
Company Name: PREA Audit Services, LLC	
Mailing Address: PO Box 3041	City, State, Zip: Salem, Oregon 97302
Telephone: (503) 586-8397	Date of Facility Visit: 2/22/2021-2/26/2021

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: same as above		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon T. Hininger, President and Chief Executive Officer	
Email: Damon.Hininger@corecivic.com	Telephone: (615) 263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	Telephone: (615) 263-6915
PREA Coordinator Reports to: Steve Conry, Vice President, Core Services	Number of Compliance Managers who report to the PREA Coordinator: 68 indirect

Facility Information

Name of Facility: Red Rock Correctional Center

Physical Address: 1750 E Arica Road

City, State, Zip: Eloy, Arizona 85131

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://corecivic.com/security-operations/prea>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

[Click or tap here to enter text.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Bruno Stolc

Email: bruno.stolc@corecivic.com

Telephone: (520) 464-3801

Facility PREA Compliance Manager

Name: Theresa Degard

Email: theresa.degard@corecivic.com

Telephone: (520) 464-3805

Facility Health Service Administrator N/A

Name: Mathew Musson

Email: mathew.musson@corecivic.com

Telephone: (520) 464-3829

Facility Characteristics

Designated Facility Capacity:

2000

Current Population of Facility:

1954

Average daily population for the past 12 months:	1947	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-70	
Average length of stay or time under supervision:	517 days	
Facility security levels/inmate custody levels:	Medium	
Number of inmates admitted to facility during the past 12 months:	1391	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1391	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1350	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	384	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	137	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	14	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	12	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	14
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	5
Number of single cell housing units:	100
Number of multiple occupancy cell housing units:	748
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	28
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>1</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Arizona DOC/CIU) <input type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>1</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Arizona DOC/CIU) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

CoreCivic contracted with Ericka Sage, a U.S. Department of Justice (USDOJ) Certified Prison Rape Elimination Act (PREA) auditor for Adult Facilities to conduct an audit of Red Rock Correctional Center (RRCC). This audit was conducted under a contract between CoreCivic and Ericka Sage, Owner of PREA Audit Services, LLC.

Approximately 8 weeks ahead of time RRCC posted notice of onsite PREA audit notice, which was scheduled for February 22-26, 2021. The auditor requested the notice be posted in all places where it would be visible to inmates and staff. The auditor requested the areas should include, but not be limited to housing units, visiting areas, dining rooms, staff breakrooms, facility entrances and indoor recreational spaces. The auditor requested the audit notice be posted in both Spanish and English, on brightly colored papers and laminated, if possible. If lamination was not possible, the auditor requested the facility to be prepared to replace the notice often. The auditor also clarified that housing units must include special housing units, such as disciplinary and administrative segregation. The Instruction was provided was if it was requested by an inmate, segregation staff should provide the notices to inmates and should post in an area they will clearly see (such as by the shower areas they all use) or provide to each inmate in-cell.

The facility provided a list of locations where the notice was posted. This list included every housing unit, both in the hallway and the inmate individual pods. It was also posted in inmate visitation, Chapel, Library, breakroom for staff, facility entrance bulletin boards. The facility said the notice was posted on 12/21/2020 and provided photo documentation of the posting in five areas. Interviews with inmates and staff verified the notice was posted and available prior to the onsite audit, however the auditor received no letters from inmates or staff before the onsite. The auditor received one letter after the onsite took place.

Prior to the onsite audit, the auditor also requested that mailroom staff should be instructed that they are not to inspect outgoing mail to the auditor. Once posted the auditor requested a list of locations the notice was posted, as well as a sampling of audit posting.

The auditor received access to a shared file with audit documentation on January 7, 2021.

The auditor reviewed the documentation provided by the facility/agency and exchanged communications prior to the onsite. The documentation provided to the auditor included the Pre-Audit Questionnaire (PAQ) and documentation requested in the PAQ and audit documentation checklist. The documentation sent to the auditor was well organized and easy to decipher. The auditor sent several questions to the facility via email that needed to be answered in response to the documentation that was provided. The auditor also sent a preliminary schedule for the onsite visit and provided instruction on what the auditor needed for the onsite visit. The auditor asked for a detailed list of staff and inmates that fit into the specialized protocol categories. The auditor also asked for a complete listing and schedule for all staff, and a list of inmates to be provided on the first day of the audit, sorted both alphabetically and by housing unit.

The auditor sent an email to Just Detention International, the national PREA advocacy organization and requested that applicable information be provided on RRCC. A representative from JDI said a review of their database did not indicate they have received any information on RRCC in the past 12 months.

The auditor also did an internet search for applicable news articles and did not locate any information relevant to the PREA audit. The auditor reviewed past PREA audit reports for RRCC and reviewed the CoreCivic PREA webpage, annual reports and other documentation provided on the website. The auditor also researched mandatory reporting requirements that are pertinent to the audit process.

The auditor arrived onsite at RRCC 2/22/2021 at 8:30am. The auditor had an introductory meeting with key RRCC personnel, including the Warden, PREA Compliance Manager, Agency PREA Coordinator, and several other supervisors of various areas. The auditor introduced herself and gave an overview of the audit process and explained the work that had been completed prior to the onsite visit, as well as an overview of what to expect while the auditor was onsite.

Following the introductory meeting, the auditor was given a tour of the facility. The areas toured included: all housing units, dining room, kitchen, libraries (satellite and main), classrooms, program areas, staff offices, visiting room, closets, and other limited visibility areas, etc. The auditor was able to see opposite gender staff announcing themselves when entering an inmate living area/housing unit. The auditor was able to view open and professional communication between staff and inmates. The auditor had informal conversations with staff about the staffing, cameras, and inmate movement in each area. The auditor asked staff questions about doors remaining locked, propped open and other operational processes. The auditor had informal conversations with inmates about staff supervision, supervisor rounds and PREA. The auditor tested the inmate phone systems and left multiple "test" messages on the PREA hotline. The PREA hotline did not require the use of an inmate PIN number to leave a message.

The auditor observed audit postings throughout the facility. Although the auditor did not receive any inmate mail prior to arriving onsite, inmates said the audit postings had been posted for several weeks prior to the audit. The auditor also observed PREA information throughout the facility, including PREA posters, stenciled PREA hotline information on the walls and other PREA information posted on bulletin boards.

Once the auditor had toured the facility, the auditor began conducting staff and inmate interviews. All interviews were in a private location, without other staff or inmates able to overhear. Most inmate interviews were conducted on inmates housing units and staff interviews were conducted either in the staff members office, or in another private office.

An inmate was interviewed from every pod within the housing unit utilizing the random interview protocols. The auditor selected the fifteenth name in every pod to interview and if they were not available, the next name on the list was selected instead. A total of 40 random inmate interviews were completed. Most inmates said the facility was safe from sexual abuse and sexual harassment and did not believe they, or anyone else was in danger at the facility. Inmates frequently were able to list several different ways they could report sexual abuse and sexual harassment but were most frequently able to say the hotline would be their main reporting option. It was apparent by the interviews conducted that there was a clear code within the inmate population, that PREA incidents would not be tolerated. Inmates were respectful during the interviews and answered most of the auditor's questions. Most inmates were not able to provide information about confidential victim advocacy and some said opposite gender announcements were not always done by female staff. Some inmates reported that they did not remember receiving PREA information at intake or remembered a PREA risk screening.

The auditor conducted targeted inmate interviews based off lists that were provided from the facility of inmates that fit into targeted categories. The auditor was told there was no youthful inmates (verified from inmate lists), no transgender or intersex inmates, and no inmates that were segregated for high risk of victimization. All reasonable efforts to conduct the required targeted inmate interviews were completed by the auditor. The auditor selected other inmates in targeted categories to ensure the minimum target interviews were conducted. The auditor did talk to inmates and staff and was unable to find any additional inmates who were not previously located by the facility. During targeted interviews, the auditor also asked random inmate questions.

The auditor pulled all 40 random inmates who were interviewed files to verify PREA risk screening, inmate education and housing decisions were made in accordance with the standards. When reviewing files, the auditor noted that some inmate files showed the 30-day PREA risk screening were completed a few days late.

A staff roster was provided to the auditor, as well as a list of staff that fit into the specialized categories for interviews. Staff from all three shifts (day, swing, and graveyard) were selected to be interviewed, as well as random staff from both security and non-security. In addition to the specialized staff protocols, the auditor interviewed physical plant, mailroom, grievance, and training staff to discuss relevant standards. Staff were extremely helpful and forthcoming with information. Most staff had a good understanding of the protocols to follow when an inmate has alleged sexual abuse or sexual harassment. All staff remembered their PREA training but did not always remember every answer off the protocol questions. Staff were able to say that if they did not know the answer to a question, they would speak with a supervisor or that they would otherwise find out the answer to the questions. Most staff had a laminated card they showed the auditor, which reminds staff of the first responder duties following an allegation of sexual abuse.

The following interviews were conducted:

- 40 Random Inmates (from every pod)
- 3 Inmates with a Physical Disability
- 5 Inmates who are Blind, Deaf or Hard of Hearing
- 1 Inmate who was Limited English Proficient (utilizing an interpreter)
- 7 Inmates with a Cognitive Disability
- 2 Inmates who Identified as Gay or Bisexual
- 2 Inmates who Reported Sexual Abuse
- 3 Inmates who Reported Victimization During a Risk Screening

63 Total Inmate Interviews

- 18 Random Staff Interviews (from all three shifts, and security and non-security)
- 2 Staff who Conduct Screening for Risk
- 1 Staff that Provides Inmate Intake Information
- 1 Human Resources
- 3 Supervisory Staff that Conduct Unannounced Rounds
- 1 Staff that is on the Incident Review Team
- 3 Mental Health Staff
- 2 Medical Staff
- 1 Warden
- 1 PREA Compliance Manager
- 1 PREA Coordinator
- 1 Agency Head Designee
- 2 First Responders (all random staff were asked first responder questions)
- 1 Administrative Investigator
- 1 Criminal Investigator
- 3 Staff who Supervise in Segregation
- 2 Contractors
- 2 Volunteers (after the onsite visit, by phone due to no volunteers being allowed in the facility at the time of the onsite visit)
- 1 Contract Monitor (Arizona Contracts Monitor)

Additional relevant information was discussed with:

- 1 Training Supervisor
- 2 Physical Plant Staff

- 1 Mailroom
- 1 Grievance Coordinator
- 1 Health Services Administrator

Staff that fit into multiple categories were interviewed with multiple protocol questions.

44 Total staff/contractors and volunteers were interviewed by the auditor. The auditor reviewed criminal history and training records for 11 volunteers and contractors. The auditor reviewed 32 staff files for criminal history check, application questions, and training records, etc. A completed listing of staff completion was also provided for criminal history checks and training records.

The auditor was also able to view intake information being provided to inmates, including a PREA risk screening that was conducted. The auditor reviewed a variety of files, including training information, inmate files, staff files, and other pertinent PREA information.

The facility said there were 9 allegations investigated as a possible PREA allegation in the 12 months prior to the audit. The auditor reviewed the investigative files, medical and mental health follow-up, and pertinent monitoring for retaliation and incident reviews completed for all 9 records. One allegation was determined to not meet the definition of sexual abuse or sexual harassment.

Type	Substantiated	Unsubstantiated	Unfounded	Open/Pending
Sexual Abuse (Inmate-Inmate)		1		
Sexual Harassment (Inmate-Inmate)				
Sexual Abuse (Staff-Inmate)	1	1	1	
Sexual Harassment (Staff-Inmate)		1	2	
Other		1		
Total	1	4	3	0

On the last day of the audit, the auditor conducted an exit briefing with the Warden of the facility, the PREA Compliance Manager and the Agency PREA Coordinator to discuss the onsite audit and next steps. The auditor gave a report out of recommendations and compliance issues. The auditor discussed the corrective action plan. The auditor explained she would be reviewing notes, documentation, and observations, and would make compliance determinations. The auditor explained a report would be provided within 45 days (interim or final) depending on the need to go into corrective action longer than the 45-day period.

The following corrective action, and/or recommendations were provided to the facility verbally while onsite, and by email after the onsite visit. The corrective action plan was jointly developed, and the facility was provided options for compliance, based off the needs of the facility:

1. Develop an outside anonymous reporting option for inmates to report sexual abuse and sexual harassment, that is not part of the facility. Once an agreement is in place, educate staff and inmates and include it in postings and education. (Completed in corrective action)
2. Ensure inmates have access to outside confidential advocates in the most confidential manner as possible.
 - a. Clarify MOU (Completed in March 2021)
 - b. Ensure the inmate telephone system can call the advocacy organization, or enable communication in as confidential manner as possible (Requested ADC to complete, but they did not)
 - c. Ensure mailroom staff do not inspect mail (Completed in corrective action)
 - d. Educate the inmate population (Completed in corrective action)
 - e. Ensure advocate during SANE/SAFE (Completed, and continuing efforts to secure an MOU that would provide a community-based advocates during a SANE/SAFE)

3. Ensure staff receive additional training if the employee is reassigned from a facility that houses only female inmates, to RRCC (Completed)
4. Remove closet doors in locations doors are always propped open, or keep doors locked when not in use. Remind staff about propped doors. (Completed while onsite)
5. Change curtains in two housing units to have mesh upper area so staff can see how many inmates are in a shower (Completed on 3/18/2021)
6. Ensure PREA educational materials are at eye level.
7. Post PREA information on brightly colored paper so inmates can easily locate it on the boards.
8. Ensure the library has updated PREA policy. (Completed while onsite)
9. Update the ethics line phone number on posters when needed. (Completed while onsite)
10. Ensure items in the kitchen are kept from being stacked high and creating blind spots. (Completed while onsite)
11. Ensure staff conducting PREA risk questions are asking all the questions. (Completed while onsite, and documentation of training sent 3/6/2021)
12. Ensure there are doors on the inmate restrooms in the medical area (Completed while onsite)
13. Frost a couple inches on the inmate bathroom in the Carpentry shop. (Completed while onsite)
14. Remind staff of the opposite gender announcements and continue to spot check and remind staff. (Completed on 3/18/2021)
15. Develop a system to ensure medical and mental health staff receive specialized training after they are hired, but before contact with inmates. (Completed 4/9/2021)
16. Ensure 30 Day PREA risk screenings are completed on-time and between the 3–4-week period when the screening is due. (Completed during the corrective action period)

A full explanation of corrective action and/or recommendations will be provided in the corresponding narrative in each standard. It should be noted that the facility immediately responded to all corrective action requests, and many items were completed while the auditor was still onsite.

The interim PREA audit report was issued on May 9th, 2021 and distributed to the facility. This report explained corrective action requirements and the facility entered its formal corrective action period. Corrective action will be further explained in the corresponding PREA standard.

This facility PREA audit took place during a national pandemic (COVID-19), As such, interviews were conducted in areas that allowed social distancing, special precautions were taken place to ensure safety (such as the auditor completing a COVID-19 test prior to arrival), and there were limited operations of the facility, such as no visitors or volunteers.

Even with the limitations, the auditor was still able to conduct interviews onsite with the exception to the advocacy organization interview, volunteer interviews, and the Agency Head Designee interview. All areas of the facility were still observed by a site inspection.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.



Red Rock Correctional Center (RRCC) is operated under a contract since January 2014 with the Arizona Department of Corrections (ADOC) and CoreCivic, an agency that operates private prisons.

RRCC is a medium-custody prison that was built in 2006. The facility has a designed capacity of 2000 inmates but had an average daily population of 1954. RRCC is comprised of 402 single cells and 748 multiple occupancy cells. The age range of the population was from 18-70 years old and did not house any youthful offenders. There were 1391 inmates that were admitted to the facility in the 12 months preceding the audit.

There are seven housing units, each with six pods and two tiers in each pod. There are two dormitory-style housing units with four pods each and a Segregation Unit. In the large units, one Correctional Officer (CO) is assigned to the Control Center and three additional CO's move between two pods in each. Each cell contains a duress system to immediately inform staff of an issue in-cell.

The facility has an extensive camera system, with 430 total cameras throughout the facility. The facility self-reported they have 30-45 days of video storage. The facility has identified some additional camera needs and has ordered the cameras, which will be installed once received. The facility Physical Plant Manager says he frequently audits the camera system to ensure the cameras are in good, working order and are placed in the appropriate locations. He provided a report with this information and supplied a copy of the report to the auditor for review. The report monitors if all cameras are in good working order, and the date

cameras were repaired if needed. There are no cameras located in areas where inmates may be in a state of undress (unclothed search areas, restrooms, or cells).

The facility also utilizes a computerized system to track staff rounds/tours in housing units. There are several buttons located throughout the housing units that staff must push, which generates a log that the required rounds have been completed. A printout of the rounds was provided to the auditor. This system ensures tours are conducted routinely. This information is reviewed and tracked routinely. A copy of the report was supplied to the auditor for review.

CoreCivic Mission Statement is:

"We help government better the public good through:

CoreCivic Safety- We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety.

CoreCivic Community- We deliver proven and innovative practices in setting that help people obtain employment, successfully reintegrate into society and keep communities safe.

CoreCivic Properties- We offer innovative and flexible real estate solutions that provide value to government and the people they serve. "

The facility reports they offer the following programs to inmates: functional literacy, GED, OSAT, Think for Change, horticulture, computer tech basics, electrical construction, carpentry, and ICVC-Impact Crime.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.11, 115.33

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- ADC Department Order 125 Sexual Offense Reporting
- 14-2J Zero Tolerance Policy Acknowledgement
- Email dated 12/12/2016 appointing the CoreCivic PREA Coordinator (Eric Pierson)
- PREA Coordinator Position Description (Senior Director, PREA Programs and Compliance) created March 2014
- Core Services Organizational Chart (showing the PREA Coordinator)
- Memorandum from the Warden (B.Stolc) appointing the PREA Compliance Manager (Theresa Degard dated 8/10/2017)
- Red Rock Correctional Center 1-16A Organizational Chart 2020, revised 01/13/2020 (showing the PREA Compliance Manager/AW Operations (Theresa Degard)
- Pre-Audit Questionnaire

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee

Standard Analysis:

115.11 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response is a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It states, “*such conduct is prohibited by this policy and will not be tolerated.*”. It outlines the agency’s approach to preventing, detecting and responding to such conduct.

The policy covers: zero tolerance, hiring and promotion, training, supervision and monitoring /staffing plans, upgrades to facilities and technologies, external emotional support services, inmate/detainee screening, inmate/detainee orientation and education, housing and program assignments, limits to cross-gender viewing and searches, reporting sexual abuse and/or sexual harassment, coordinated response/ Sexual Abuse Response Team (SART), response procedures, administrative investigations, criminal investigations, post investigation review, incident classification, inmate/detainee notifications, disciplinary procedures, collection and use of data and audits.

The policy is comprehensive and addresses each PREA standard within it.

The ADC Department Order 125, Sexual Offense Reporting also covers ADC’s zero-tolerance policy. ADC Department Order 125 states “*The Department has a zero tolerance for sexual harassment and/or sexual contact of any kind with inmates and offenders including: sexual conduct and /or contact by inmates, staff, contractors, volunteers and others. This Department Order establishes the standards and accountability measures to prevent such conduct, regardless of location and to respond appropriately should a sexual conduct occur*”.

The PREA Zero Tolerance Policy Acknowledgement form that employees, contractors, and volunteers must sign clearly states *“In accordance with the Prison Rape Elimination Act of 2003 (PREA), CoreCivic has mandated a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited and will not be tolerated in CoreCivic facilities.”*.

Interviews with staff and an inmate verified that the agency and facility reinforce the zero tolerance policies. The agency has strategically discussed the zero-tolerance policy in education, training and materials that are provided. The auditor did not interview any staff or inmates that did not understand this policy.

115.11 (b) Core Civic employs Eric Pierson, an upper-level and agency-wide PREA Coordinator (PC). CoreCivic Policy 14-2 Sexual Abuse Prevention and Response defines the PC as *“an upper-level management FSC employee designated to develop, implement and oversee CoreCivic’s companywide efforts to comply with the PREA National Standards and the company’s Sexual Abuse Response and Prevention Program”*.

The position description provided for PC Pierson states his position is a Senior Director of PREA Programs and Compliance. It states the PC *“...develops, implements and oversees the company policies and procedures in complying with the standards...”*. The position descriptions essential functions list several duties, including developing/overseeing the implementation of PREA related policies/procedures, liaison, and resource for management and partners, coordinators implementation plans and actions, coordinates training as required by the standards, collects and maintains data, and prepares annual reports, analyzes data to assess and improve the effectiveness of the PREA program.

The organizational chart provided shows PC Pierson as reporting to Steve Conry, Vice President of Core Services, who is also designated as the Agency Head Designee for purposes of conducting the PREA interview. The PAQ lists Mr. Pierson’s position as a Senior Director.

The interview with the PC and the Agency Head Designee reinforced Mr. Pierson had the time and authority to complete his duties as the agency PC. Mr. Pierson reports there is another full-time agency-level position that assists him in ensuring statewide compliance with the PREA standards. While onsite, the auditor was able to observe his level of authority, as evident when he let the facility know of issues, they would need to change to become PREA compliant, and the facility understanding he had the authority to direct those changes.

Mr. Conry, the Agency Head Designee and Vice President of Core Services also discussed the agency PC position and level of responsibility and oversight within the organizational structure.

115.11 (c) CoreCivic/ employ’s Theresa Degard as the PREA compliance manager (PCM) at RRCC. The RRCC organizational chart provides lists PCM Degard as the Assistant Warden of Operations and has duties as the PCM. It shows her position reporting directly to the Warden of the facility.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Each CoreCivic facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with the PREA Standards. The position is the Administrative Duty Officer level manager appointed by the Warden/Facility Administrator who maintains responsibility for the facility’s Sexual Abuse and Response Prevention Program”*.

Additionally, the PCM is defined in the policy as: *“An Administrative Duty Officer-level manager appointed by the Warden/Facility Administrator who maintains responsibility for the facility’s Sexual Abuse Response and Prevention Program.”*

A memorandum was submitted as audit documentation from Warden Stolc in August 2017 naming Ms. Degard as the PCM and stating she had responsibility for the facility's Sexual Abuse Response and Prevention Program. In speaking with Ms. Degard, she states she has the time and authority to coordinate the facility's efforts to comply with the PREA standards. Ms. Degard was able to demonstrate a great deal of understanding of the requirements of the PREA standards. She has been appointed to that role for several years and has developed good systems to ensure oversight of the program. She has several staff that assists her in the requirements when needed and the auditor was able to observe her authority in response to corrective action items that came up during the audit. She had a great deal of support from managers and staff throughout the facility. Staff and inmates were knowledgeable that Ms. Degard was the PCM and she serves as a great resource for the facility.

Conclusion:

The PREA policy for CoreCivic is extensive, and addresses each PREA standard individually, in one location. Additionally, RRCC must also adhere to the PREA policy for the Arizona Department of Corrections. Due to the extensive policy language, significant experience and knowledge in the PC and PCM positions and a high level of understanding of the policy, the auditor has determined RRCC exceeds the requirement in this standard. The policies are much more inclusive than a zero-tolerance policy.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.):

- Contract and Acceptance Award dated from 2012 between the Arizona Department of Corrections and CoreCivic

Interviews:

- PREA Coordinator
- Contracts monitor

Standard Analysis:

115.12 (a-b) The PAQ provided to the auditor states that the agency does not contract for confinement. CoreCivic is a private entity, contracting for the confinement of Arizona inmates. A copy of the contract and acceptance award between ADC and CoreCivic was provided as documentation for this standard, however, if the contracted agency is CoreCivic, this documentation is not applicable.

Since the agency does not contract for confinement, the agency contracts administrator was not interviewed as part of the audit, however, the facility contracts monitor was. There are five facility contract monitors employed by the ADC and is duty-stationed onsite at RRCC to oversee CoreCivic's compliance with the contract between the two entities.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard. The agency does not contract for confinement with other entities but is the contracted agency.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-21 PREA Staffing Plan Assessments for 2018, 2019 & 2020
- PREA Staffing Plan Assessments Supplemental Questions
- Incident Reports
- Copies of 5-1B Forms

- RRCC Camera List
- Staff Deployment by Shift & Position
- Correctional Services Logs (unannounced rounds)

Interviews:

- Warden
- PREA Coordinator
- PREA Compliance Manger
- Intermediates and higher-level staff
- Contracts Monitor

Standard Analysis:

115.13 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, states “*The facility, in coordination with CoreCivic FSC, shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring the following factors should be taken into consideration:*

- i. Generally accepted detention and correctional practices*
- ii. Any judicial findings of inadequacy*
- iii. Any findings of inadequacy from federal investigative agencies*
- iv. Any findings of inadequacy from internal or external oversight bodies*
- v. All components of the facility’s physical plant (including “blind spots” or areas where staff or inmates/detainees may be isolated*
- vi. The composition of the inmate/ detainee population*
- vii. The number and placement of supervisory staff*
- viii. Institutional programs occurring on a particular shift*
- ix. Any applicable state or local laws, regulations, or standards*
- x. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
- xi. Any other relevance factors.*

The policy also outlines that the facility PCM will complete form 14-21 Annual PREA staffing Plan Assessment and forward it to the Warden for review. Upon completion, the Warden forwards the form to the PC for review.

The Annual PREA Staffing Plan Assessment for 2018, 2019, and 2020 was provided to the auditor as documentation. Each staffing plan considers all enumerated factors 1-11 as outlined in policy and also included a PREA incident report listing out all PREA incidents for the year being reviewed. Also, the 2020 Staffing Plan also included a supplemental questionnaire that discusses staffing changes or additions to video monitoring, changes in the composition of the inmate/detainee population (e.g., increase in female, increase in Transgender residents, etc.), upgraded or replaced cameras, improvements to the physical plant that impacted PREA, or any changes to the policy, procedure or post orders as a result of PREA. The PREA staffing Plans were reviewed and signed by the PCM, the Warden, FSC PREA Coordinator, and the Vice President.

The warden, PCM, PC, and Agency Head Designee (Vice President) were all able to describe the facilities staffing plan and how each consideration was made.

115.13 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, section D Supervision and Monitoring /Staff Plans states *“The PREA Compliance Manager shall document and describe the deviations on the 1-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviations.”*. A memorandum from Warden Stolc, dated 11/25/2020 states that during the past twelve months there have been no reports created regarding any deviations from the PREA Staffing Plan.

During interviews with the warden, PCM, and Vice President all explained that there were no deviations from the staffing plan, but if there were, they would be documented. It was explained that if the facility had staff that was unable to work, that over time would be authorized.

115.13 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, section D Supervision and Monitoring /Staff Plans describes the annual staffing plan as required. It also states, *“Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility’s deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing.”*.

The annual staffing plan is completed on an annual basis, and examples for 2018, 2019, and 2020 were provided to the auditor as documentation. The PC was a reviewer on the staffing plan which describe the staffing plan pursuant to paragraph (a) of this section, the facility’s deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan.

The facility Physical Plant Manager says he audits the camera system every month to ensure the cameras are in good, working order and are placed in the appropriate locations. He provided a report with this information and supplied a copy of the report to the auditor for review. The report monitors if all cameras are in good working order, and the date cameras were repaired if needed. This monthly report is provided to the ADC Contracts Monitor as documentation as an ongoing review.

The facility also utilizes a computerized system to track staff rounds/tours in housing units. There are several buttons located throughout the housing units that staff must push, which generates a log that the required rounds have been completed. A printout of the rounds was provided to the auditor. This system ensures tours are conducted routinely. This information is reviewed and tracked routinely. A copy of the report was supplied to the auditor for review.

115.13 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, section D Supervision and Monitoring /Staff Plans states *“Intermediate level and/or upper-level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrence of such rounds shall be documented as an unannounced round or “PREA Round” in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates/detainees are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.”*.

Copies of Correctional Service Logs for 11/2/2020 were provided as documentation of supervisory announced rounds. On this date, it appeared a Sergeant conducted announced rounds on all housing units and documented it as “unannounced rounds/PREA checks”.

While onsite the auditor was able to observe several months' worth of logbooks, as requested. All logs showed supervisor rounds conducted in a varying time, each day. Many of the supervisor rounds were specially called "PREA rounds/checks".

The auditor interviewed 3 Supervisory Staff that conduct unannounced rounds. The rounds are conducted by intermediate and higher-level staff, such as duty officers who are all-in higher-level positions. The Supervisors were able to describe how the intent of the rounds was to identify and deter sexual abuse and sexual harassment, and that they were completed with no detectable pattern for route or timing. They expressed an understanding of the importance that the rounds are not in a predictable pattern. It is expected that duty officers' complete rounds at least once per week, however other supervisors are also expected to conduct rounds on an ongoing basis. While walking through the facility during the week, the auditor was able to observe supervisors frequently touring the facility and signing logbooks.

Staff interviews verified that they understood they were unable to alert other employees that supervisory rounds are occurring, although some staff did say that it was announced when large tour groups were going to be walking through the facility. The auditor founds this practice to be compliant with the standard, as tour groups would not be considered supervisory rounds.

Some inmates interviewed noted that housing unit and supervisory staff were frequently touring all areas. During the tour, the auditor informally asked several inmates if supervisory toured through the housing units and other areas and many inmates said these tours were frequently completed by supervisors and there was good staff supervision on the housing units.

Duty officers are required to submit an ADC, Monthly 703 report that documents all tours/rounds that have been completed. The report shows the date and area toured, as well as observations and notes. These reports are submitted to the ADC Contract Monitor for review as part of the contract with CoreCivic. A completed report for PCM Degard for the month of January 2021 was submitted to the auditor as an example.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard. The additional requirements per the agency's contract with ADC to monitor camera placement, staffing, rounds, etc. supports compliance with this standard as well.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

-Pre-Audit Questionnaire (PAQ)

Interviews:

-PREA Compliance Manager

Standard Analysis:

The PAQ states the facility does not house youthful inmates under the age of 18. The age range for the inmate population states inmates 18-70 years old are housed there. During the onsite audit there was no indication that youthful inmates were housed at the facility.

The auditor asked the facility to provide documentation that RRCC does not allow youthful inmates to be housed there. The PC provided a recent policy change notice that was issued in January that addresses youthful inmates in accordance with the standard.

The PCM also provided the contract solicitation which states that RRCC would be more adult male inmates.

Conclusion:

The auditor has determined the facility is in full compliance of every provision with this standard. The facility does not house youthful inmates under the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
- ADC Department Order 708 Searches
- Logs of strip searches of male inmates
- Photos of Shower and toilet areas

Interviews:

- Random Staff
- Random Inmates

Standard Analysis:

115.15 (a) requires that the facility not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Section J. Limits to Cross Gender Viewing and Searches states "*Cross-gender Searches, (male staff on female inmate/detainee, or female staff on male inmate/detainee) shall not be conducted except in exigent circumstances or when performed by medical practitioners.*".

The PAQ states that in the past 12 months, there have been no instances where this has occurred.

Interviews with staff reinforced that they would not conduct cross-gender strip or visual body cavity searches except in exigent circumstances.

All inmates said that male staff conducts their searches, and they were provided privacy from female staff during searches.

Search areas were observed while on site, and they were private areas that were unable to be viewed by a video camera or female staff, unless female staff came in the area. When walking through the facility, the auditor was able to speak with staff that worked in some of the areas used for strip searches, and they confirmed female staff would not be in the area when strip searches take place.

115.15 (b) requires that if a facility had a capacity to not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, etc. This provision is not applicable as the facility has a rated capacity of over 50 inmates and does not house female inmates.

115.15 (c) requires that the facility document all cross-gender strip searches, visual body cavity searches, and cross-gender pat-down searches of female inmates. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Section J. Limits to Cross Gender Viewing and Searches states "*whenever a cross-gender pat search of a female inmate/detainee, cross gender body cavity search of any inmate/detainee, or a cross-gender strip search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B Notice to*

Administration (NTA) in accordance with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances must be included in all log entries and 5-1B Notices.”

ADC Department Order 708 Searches states “a pat search of an inmate shall be conducted by a staff member of the same gender as the inmate whenever possible, with the following exceptions:

Male Correctional Officers shall not pat-search female inmates, except in emergency situation. Pat searches of female inmates by male officers shall be documented in the Correctional Service Log, and shall include the searching officer(s) name and badge number, the inmate(s) name and ADC number, and the reason for the pat search.

Female Correctional Officers may pat search male inmates if no male staff member is available to conduct the search within a reasonable amount of time.

Pat searches conducted by a staff member who is not the same gender as the inmate shall be conducted in the presence of at least one additional staff member, whenever possible”.

The PAQ also states these types of searches would be documented, however, the facility does not house female inmates.

Staff interviews confirmed the requirement that these searches be documented, and all staff said they were not aware of an instance where cross-gender strip searches /visual cavity searches had been completed in the past. Some staff confirmed that they would immediately notify their supervisor if there were not same-gender staff available.

115.15 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “inmate/detainees may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incident to routing cell/living quarter checks.

Staff of the opposite gender are required to announce their presence when entering an inmate/detainee housing unit. Where a larger housing unit is broken into several individual smaller units such as pods, cellblocks, dorms, etc. the staff member must announce as he/she enters each of the smaller individual units. (a) a verbal announcement upon arrival is required only when the status quo of the gender supervision on the housing unit changes from exclusively same gender, to mixed- or cross-gender supervision. For example, a female correctional officer entering a housing unit is not required to announce if there is already a female correctional officer in the unit. (b) in the event multiple opposite gender staff enter a housing unit simultaneously, only one of the opposite gender staff need to make the announcement. (c) announcements are required of both security and non-security staff. (d) it is not acceptable to announce only at the beginning of the shift. (e) Staff roving from one pod/dormitory to another inside a larger unit must re-announce each time they enter.”

New employee training reinforces that staff must announce their presence when entering an opposing gender housing unit by saying “male” or “female on the run”. The training also warns that PREA violations can occur when staff fail to announce opposite gender presence when entering an inmate’s housing unit. There is also a test question at the end of the training that discusses this requirement.

During the site tour/review the auditor observed several female staff making the announcements when entering an inmates housing unit/pod. The requirement that opposite gender staff announces their presence is also posted on the door in each pod.

Each staff that was interviewed understood the requirement of this standard and all said it was done each time in accordance with the policy language. Multiple male staff also said that if a female staff entered a housing unit and did not announce themselves, they would either remind them to announce or announce "female in the unit" for them.

Several inmates, however, said that female staff did not always announce their presence, although they are always aware, they are on the housing unit because other inmates always announce when a staff member enters. The frequency of how often female staff announced varied from 50% percent of the time, to 100% of the time.

Due to this inconsistency in the information provided to the auditor, it was recommended that reminders be sent out to staff, and the PCM continue to spot check and educate staff on a routine basis. She said that she has done this in the past, and before COVID-19, she would remind staff during briefings.

The PCM also reported that suicide watches are always completed by the staff of the same gender.

115.15 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Section J. Limits to Cross Gender Viewing and Searches states "*The facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversations with the inmate/detainee by reviewing medical records, or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.*"

RRCC states they did not have transgender or intersex inmates housed at the facility, so no transgender or intersex inmates were able to be interviewed to discuss this requirement.

All staff were aware of this requirement and would not take part in a search to determine an inmate's genitals. Staff were not aware of any transgender or intersex inmates housed at the facility.

115.15 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Section J. Limits to Cross Gender Viewing and Searches states "*all searches of transgender an intersex inmate/ detainees shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Requiring two staff to search transgender inmate's/detainees would be more intrusive than necessary. Dual searches where two different gendered staff search different parts of an inmate/detainee's body are not acceptable. Searches of breasts shall be conducted using the back of the hand. Requests for transgender inmate/detainee to remove appearance related items such as prosthetics, clothing that may convey gender identity, wigs, and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender/intersex inmates/detainees. Strip searches of transgender/intersex inmates/detainees shall be made in a manner designed to ensure as much privacy to the inmate/detainee as practical. Staff should consider the physical layout of the institution, and the characteristics of transgender/intersex inmate/detainee to adjust conditions of the visual search as needed for the inmate/detainee's privacy.*"

The new employee training covers this training topic.

Staff who were interviewed at the facility were able to articulate how they would search a transgender/intersex inmate if one were housed at the facility. Some staff were slightly confused on how these searches might take place; however, they were able to articulate that they would refer to prior training and ask their supervisor for clarification.

Corrective Action and Conclusion:

Due to the conflicting information in the requirement staff of the opposite gender announce their presences when entering an inmate housing unit, the facility was instructed that they would need to remind staff of the opposite gender announcements and continue to spot check to ensure this is routinely happening. The auditor asked the facility to send copies of written direction sent to staff, and a plan for how they intended to spot check in the future.

On 3/18/2021 the PCM sent the auditor a copy of an email that was sent out on 12/23/2020 to RRCC Captains, asking them to cover PREA topics during briefings, including the requirement to announce opposite gender. The email also requests that Captains watch and ensure it is happening to ensure compliance.

The PCM also forwarded an email that was sent to all staff at RRCC, dated 3/18/2021 that said “As you know PREA is the responsibility of all staff to ensure that proper reporting procedures are in place for staff and inmates. Additionally, we want to also remember to announce opposite gender presence anytime they enter a housing area or any area an inmate could be unclothed. This applies to every time you enter and to all staff that are the opposite gender of our inmate population. If a staff of the same gender is in one of the areas listed above and an opposite gender enters it should be announced. If the individual does not announce themselves then announce it for them. We are a team and PREA takes everyone to work toward 100% compliance. If you have any questions about PREA please feel free to ask me.”

This policy language and practices for this standard are consistent with the multiple FAQs posted in the PREA Resource Center’s website describing the requirements for this standard. With the corrective action that was completed, the auditor has determined the facility is in full compliance of every provision with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Language Line Contract
- Language Line facility specific contact instruction guide.
- Language Line Language Identification Guide
- Spanish Versions of PREA Intake/Orientation Material

Interviews:

- Inmates who are Limited English Proficient
- Inmates with Disabilities
- Random Staff
- Intake Staff

Standard Analysis:

115.16 (a) requires the agency to take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall take appropriate steps to ensure that inmates/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment.*”

Inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective.

The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provided information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmates/detainees on an individual basis.”

The contract with the language line explained that it would cover American Sign Language, Spanish and all other languages.

Staff expressed that they would make every effort to ensure all inmates could receive PREA information and/or participate in an investigation if needed. PREA information is posted in Spanish throughout the facility, and if they had an inmate that spoke another language, they would contact the language line, however, the PCM said she did not remember a time when that happened. The auditor interviewed one Spanish-speaking inmate with a staff interpreter at the facility. He was able to express that he understood PREA and said there were several interpreters at the facility, so he did not have a difficult time speaking or communicating his needs.

The auditor was able to speak with 3 inmates who had a physical disability, 5 that were blind, deaf, or hard of hearing, and 7 that had a cognitive disability.

The Intake staff that provide initial PREA information and the PREA video, took time to individually make sure each inmate understood the materials being presented to them. She understood all inmates should have access to the information and that she may need to make special accommodations if the inmate needed it.

Many of the inmates interviewed had a great deal of understanding about PREA. They said they received and understood PREA training and provided appropriate accommodations when needed. One inmate that was hard of hearing was unable to understand the auditor due to not being able to read lips (mask on). The auditor asked the facility to ensure they received additional PREA education, and they were able to do that while the auditor was onsite.

115.16 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.*”

Staff verified an understanding of what meaningful steps would be. Facility interpreters must be able to interpret effectively, accurately and impartially, both receptively and expressively, or they would not be used. The staff interpreter the auditor used appeared very proficient.

115.16 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility will not rely in inmates/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first-responder duties, or the investigation of the inmate/detainee's allegations.*”

Staff was aware of this requirement and all asked said they would not utilize an inmate interpreter for this purpose. Staff would utilize the language line or another staff who can interpret.

The facility reported in the PAQ that there were no instances where inmate interpreters, reader, or other types of inmate assistants have been used for this purpose.

Conclusion

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Current Roster of all Employees and Contractors
- 14-2H Self Declaration of Sexual Abuse/Sexual Harassment for Employees and Contractors
- Criminal History Check Spreadsheet
- 03-20-2B PREA Questionnaire for Prior Institutional Employers for Employees and Contractors with Prior Institutional Experience.

Interviews:

-Human Resources Manager

Standard Analysis:

115.17 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states "to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates/detainees and who has: a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); b. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. Been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b."

The Human Resources Manager interviewed confirmed RRCC had not hired or promoted individuals that met this criterion. During employee file reviews, there were no employees or contractors that indicated they had these issues.

115.17 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates/detainees.”*

The Human Resources Manager confirmed sexual harassment would be considered when hiring and promoting individuals, as specified in the policy.

The auditor was able to confirm in the review of the new hires and contractors, that no one who had been hired had prior sexual harassment allegations. The PCM verified they do not currently have anyone employed at the agency with a substantiated sexual harassment allegation, but they would consider that in hiring and promotion.

115.17 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“Consistent with federal, state, and local law, the facility shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information.”*

Additionally, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form was provided as documentation. It asked the applicable questions. The auditor was able to review new hire records for employees hired in the past 12 months with prior institutional experience and the applicable form was completed and in their file. The Human Resources Manager explained this is completed every time there is a new hire.*

115.17 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted.”*

The auditor was able to verify by reviewing employee and contractor records that they did have a criminal history check before starting at the facility. The Human Resource Manager verified this is the practice.

115.17 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information.”*

The Human Resources manager explained that he keeps a spreadsheet that tracks when the five-year criminal history checks are due. He was able to provide the auditor a copy of the spreadsheet, which verified all were completed timely.

115.17 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by*

employees as part of the promotional process including both inter-facility promotions and intra-facility promotions. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H form shall be retained in each employee's personnel file".

The 14-2H Self Declaration of Sexual Abuse/Sexual Harassment for was provided as documentation. It asks if the employee/applicant/contractor about previous allegations as defined in 115.17 (a), and states they have a continuing affirmative duty to disclose any facts that would change any of the answers and explains that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or refusal to hire.

The Human Resources Manager provided several of these forms that had been completed by applicants, employees and contractors as documentation.

115.17 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*To the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.*".

There were no examples of this occurring, however, the Human Resources Manager was aware of the requirement.

115.17 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such former employee has applied to work.*" An example of the facility providing this information to an institutional employer was provided as documentation.

Conclusion:

The auditor has determined the facility is in full compliance of every provision with this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 07-01B1 PREA Physical Plant Considerations (Cameras)
- List and Map showing the Facilities Cameras
- Maintenance Work Order Forms

Interviews:

- Agency Head
- Warden
- PREA Coordinator
- PREA Compliance Manager
- Physical Plant Staff/Manager

Standard Analysis:

115.18 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations for*

modifications and renovations shall be documented on form 7-1B PREA Physical Plant Considerations.”.

The 71-B PREA Physical Plant form was submitted as documentation. The form discusses the considerations for the project and asks to consider how technology may enhance the agency’s ability to protect an inmate from sexual abuse. Several examples of completed forms were provided as documentation.

The Physical Plant staff explained that this form is completed when a work order for substantial modification is requested.

The Agency Head Designee said during his interview that his team works closely with those in his agency that design, modify and expand facilities. He said a form must be filled out, and the PC reviews all forms to do a PREA review. He also said there are times the PC will go onsite and do an in-person review to ensure PREA is covered.

115.18 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.”

The facility has an extensive camera system, with 430 total cameras throughout the facility. The facility self-reported they have 30-45 days of video storage. The facility has identified some additional camera needs and has ordered the cameras, which will be installed once received. The facility Physical Plant Manager says he frequently audits the camera system to ensure the cameras are in good, working order and are placed in the appropriate locations. He provided a report with this information and supplied a copy of the report to the auditor for review. The report monitors if all cameras are in good working order, and the date cameras were repaired if needed.

Several work orders were submitted as documentation which reviewed the camera systems throughout the facility. The Physical Plant Manager explained that when reviewing cameras, he is specifically looking for ways the cameras may enhance the ability to protect inmates from sexual abuse.

The Agency Head Designee explained during his interview in detail how the agency replaces and expands camera systems. He can view the cameras from his office, and states they have an agency commitment to have high-quality camera coverage.

Conclusion:

The auditor has determined the facility is in full compliance of every provision with this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- ADC Department Order 125 Sexual Offense Reporting

- MOU with HonorHealth and CoreCivic
- MOU with Elroy Police Department
- MOU with Southern Arizona Center Against Sexual Assault (SACASA)
- Arizona Coalition to End Sexual & Domestic Violence PREA – Providing Sexual Assault Training Agenda and Certificate
- Emails showing attempts to enter into a formal MOU with Against Abuse

Interviews:

- PREA Compliance Manager
- PREA Coordinator
- SANE Representative from Medical Center
- Victim Advocates
- Administrative and Criminal Investigators
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.21 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements of sections O.4.a. through O.4.e. below and as detailed in section M.13.-M.15. of this policy: a. The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.*”.

At RRCC CoreCivic investigators conduct administrative investigations and the ADC Criminal Investigations Unit (CIU) conducts criminal and administrative investigations of sexual abuse and sexual harassment. ADC CIU Investigator said during his interview that he follows all applicable PREA standards and protocols when completing an investigation.

115.21 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.*”

RRCC utilized a Sexual Abuse Incident Check Sheet to walk through the initial response to an allegation of sexual abuse. This check sheet describes evidence handling, investigative notifications, etc. This protocol is appropriately developed.

115.21 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.*”.

Initially, an MOU with the Elroy Police Department was provided as documentation, which describes how a SAFE/SANE would be handled, however, in speaking with the PCM, RRCC Investigator, and the ADC CIU Investigator, it was discovered that the Elroy Police Department in practice does not investigate criminal investigations for RRCC, as it is under the ADC instead. Other CoreCivic facilities

in the area that are not ADC do have an agreement. The auditor advised the facility in the future to leave this out of the documentation, so it is not to confuse the auditors.

ADC Department Order 125 Sexual Offense Reporting states “*The use of outside forensic examination services (i.e., Sexual Assault Nurse Examiner (SANE), etc.) are authorized during the course of investigations involving sexual assaults. 8.2.1 Cost incurred for outside forensic services are billed in accordance with A.R.S. §13-1414, Expense of Investigations. Any medical expenses arising out of the need to secure evidence that a person has been the victim of a dangerous crime against children as defined in A.R.S. §13-705 or a sexual assault shall be paid by the county in which the offense occurred.*”

An MOU was provided with HonorHealth as documentation. In the agreement, HonorHealth agrees to provide SANE exams for CoreCivic. In discussion with the PCM and the PC, the auditor was notified that the facility sends inmates for SANE exams at the hospital as directed by ADC CIU. The last SANE exam was completed at Banner Ironwood. The facility records indicate a SANE exam was provided. The auditor contacted Banner Ironwood and spoke with someone at the hospital. They do employ one SANE nurse and she would be available if an inmate came from RRCC. He said she is on call and there never has been a time when she was unavailable, and she is available 24-7 whenever a SANE exam is needed. The PC has said they are currently developing MOUs with another location that offers forensic services. The draft MOU was provided to the auditor as documentation. The PC provided the auditor with several updates on the MOU during the corrective action period. Ultimately CoreCivic and the agency were unable to reach an agreement on the specific language included in the MOU. The PC has resumed trying to develop an MOU with Banner Health for these services. The auditor was provided documentation from Banner Health that they would be able to offer these services. CoreCivic has documented its efforts to provide these services and provided them to the auditor, meeting compliance with this standard.

115.21 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. As requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.*”.

RRCC has an MOU with a rape crises center to provide advocacy services but is only utilizing them for phone advocacy with the inmates, when facilitated by a staff member. RRCC and utilizes qualified staff members primarily to provide support during the forensic medical examination process and investigatory interviews.

The auditor found this practice is not compliant, since the agency is required to attempt to utilize a victim advocate from a rape crises center, and only utilize a qualified agency staff member when a community-based advocate is not available. The facility entered into corrective action to attempt to make available a victim advocate from a rape crises center.

The PC provided several documented attempts to enter into a formal agreement with the Against Abuse in Casa Grandes. The documented efforts showed Against Abuse were willing to provide the services and would continue discussions of a formal MOU. A draft MOU has been sent to Against Abuse and They would provide advocacy services during a forensic medical examination process and investigatory interviews, but the facility does have 12 staff that have received training to be a victim advocate if Against Abuse was not available to provide services.

The auditor finds the facility has shown adequate attempts to have a victim advocate from a rape crises provide these services and the facility should continue to attempt to continue to establish a formal agreement to do so.

115.21 (e-f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*As requested by the victim, either a victim advocate from a Rape Crisis Center, or a qualified community-based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check Sheet via the IRD.*”

There was one SANE exam provided during the 12-month period prior to the audit. The alleged victim did request that a victim advocate be available for the SANE exam. RRCC was unable to provide a community-based advocate so it provided a staff advocate to be available during the SANE exam, at the request of the victim.

The MOU with SACASA originally said it does not say they will provide victim advocacy services during the investigatory interview, or the SANE exam, but only specifies they will “*provide inmate/detainees with confidential emotional support and advocacy services related to incidents of sexual abuse/assault upon request of the victim.*” The auditor discussed this issue with advocates, and they confirmed they are currently not offering this service to RRCC.

The auditor found that if requested, a qualified agency staff member would be provided during an investigatory interview. The investigators were also aware of this requirement.

The PC states that SACASA does not currently provide advocacy during the SANE exam, but that some of the hospitals provide advocates. He also said that they are currently developing an MOU with a forensic service that will respond to the facilities needs for SAFE/SANES. He said once that is completed, they will have a coherent approach.

Prior to the interim report the PC has said they are actively working with an advocacy organization to provide victim advocacy during an exam.

The auditor was able to contact the medical center that the SANE/SAFE exam took place at. The medical center said they do not provide victim advocacy during the exams.

The PC sent the auditor several correspondences with Against Abuse in Casa Grande, in which the agency is continuing to attempt to enter into an agreement to provide advocacy services during the forensic examination and investigatory interview. A draft MOU has been sent, and they have stated they agree to provide services.

Additionally, since ADC conducts criminal investigations for RRCC, they have agreed to comply with these standards. This was verified during the interview with the criminal investigator.

115.21 (g) ADC CIU conducts criminal investigation sat RRCC. They are an outside state agency, therefore the requirements in sections (a) through (f) also apply.

115.21 (h) RRCC’s reports the qualified agency staff members they utilize to provide advocacy services have been screened for appropriateness to serve in this role, and documentation was provided to show they have completed PREA advocacy training, that was held by the Arizona Coalition to end Sexual and Domestic Violence. Inmates who have alleged sexual abuse told the auditor the staff victim advocates were available to them.

Corrective Action:

RRCC did not have an agreement to provide victim advocacy during the forensic medical exams and relied on staff advocates to provide this service. CoreCivic is attempting to make available a community-based advocate available during the SANE exam by requesting an MOU with a community-based organization. The standard requires that the agency attempt to make a community-based advocate available, and if not a qualified agency staff person.

The corrective action specified that agency should finalize and comply with its MOUs with community-based advocacy organizations to accompany the victim during the forensic medical exam and for investigative interviews and should only utilize qualified staff persons when a community-based advocate is not available.

The agency entered a corrective action period, in which the PC provided the auditor documentation showing they had been attempting to enter an MOU with a community-based organization. Although no formal agreement has been made, the auditor is satisfied with the attempts that have been made. The facility should continue to provide a staff advocate if a community-based advocate is not available and continue to pursue an MOU.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- ADC Department Order 125 Sexual Offense Reporting
- CoreCivic Policy 5-1 Incident Reporting
- CoreCivic PREA Website Information

Interviews:

- Agency Head Designee
- Administrative and Criminal Investigators

Standard Analysis:

115.22 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.*” It also states “*The Warden/Facility Administrator shall ensure that an administrative*

investigation and/or a referral for a criminal investigation, is completed for all allegations of sexual abuse and sexual harassment. “.

Both administrative and criminal investigators and the PCM said all allegations of sexual abuse and sexual harassment are investigated. Additionally, the website states “*all allegations of sexual conduct shall be promptly, thoroughly, and objectively investigated*”.

During the past 12 months, there were 9 allegations PREA allegations investigated. The auditor was able to review each investigative file, and they were all immediately referred for investigation.

The Agency Head Designee described the agency’s commitment to ensure all investigations of sexual abuse and sexual harassment are investigated. He said CoreCivic may conduct administrative investigations, but only criminal investigators conduct criminal investigations. He said there are agreements with outside law enforcement agencies to do criminal investigations and CoreCivic was good cooperation with law enforcement agencies.

115.22 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Warden/Facility Administrator or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior or the allegation would be not be considered a criminal act under federal, state, or local law.*”. This policy is available on the CoreCivic website.

ADC CIU is the legal entity to conduct criminal investigations at RRCC.

ADC Department Order 125 Sexual Offense Reporting states “*All on-site criminal activity shall be referred to CIU for possible investigation. On-site includes criminal activity relating to Department operations or criminal activity that originated on Department property.*”

CoreCivic website states “Allegations of Sexual Abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution.”

115.22 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response describes the responsibilities of both the agency and the investigating entity in Section O- Criminal Investigations. ADC is the parent agency, therefore there is no need to create an MOU since RRCC also is required to follow ADC policies.

115.22 (d) ADC Department Order 125 Sexual Offense Reporting is also available on the ADC website for public review and describes the role of the CIU in criminal investigations.

The criminal investigator was able to describe to the auditor CIU’s role in criminal investigations and how the communication between RRCC and ADC CIU worked.

115.22 (e) There are no Department of Justice components responsible to conduct administrative or criminal investigations at RRCC, therefore this provision is not applicable.

Conclusion:

The auditor has determined the facility is in full compliance of every provision with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic PREA Training Participant Workbook
- ADC PREA Training
- CoreCivic Code of Ethics
- Current Roster of Employees
- Copies of Completed 14-2A CoreCivic Training Acknowledgement Form for New Hires and Pre-Service attendees
- Copies of 509 Forms for PREA Related Classes
- Staff Training Rosters

Interviews:

- PREA Compliance Manager

- Training Supervisor
- Random Staff

Standard Analysis:

115.31 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At a minimum, all employees shall receive pre-service and annual in-service training on the following:*

- a. The CoreCivic zero-tolerance policy for sexual abuse and sexual harassment;*
- b. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;*
- c. The right of inmates/detainees to be free from sexual abuse and sexual harassment*
- d. The right of inmates/detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
- e. The dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur;*
- f. Signs of victimization and the common reactions of sexual abuse and sexual harassment victims;*
- g. How to detect and respond to signs of threatened and actual sexual abuse;*
- h. How to avoid inappropriate relationships with inmates/detainees;*
- i. How to communicate effectively and professionally with inmates/detainees, including LGBTI and gender non-conforming inmates/detainees; and*
- j. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities”*

In the auditors review of the CoreCivic’s PREA training, it was determined it covers all components of this requirement.

The Training Supervisor states that security staff completes an 8-week program and week 3 includes this PREA training. Non-security staff has to take a reduced version of new employee training, however, they also receive the same PREA training. The Training Supervisor said this training is prior to contact with inmates and training records verified that it was completed prior to starting at the facility.

Interviews with staff confirmed they had received PREA training and understood most of the components of this standard. All staff were very familiar with responding to an incident and explained to the auditor how this process works. Staff also carried laminated cards in their pockets, that covered responding to a PREA incident, in case they did not remember from their training.

115.31 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Such training shall be tailored to the gender of the inmates/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee (i.e. male facility to a female facility or vice versa) shall receive additional training.*”

When reviewing the CoreCivic PREA curriculum, it described the dynamics of both male and female inmates, and the difference in detection and response.

The auditor learned through interviews that when an employee transfers from a female facility to RRCC (as a male facility), the only additional training they received was the ADC annual PREA training. When reviewing the training, it did not cover gender dynamics, therefore there was no additional training received on the difference between male and females

The facility went into a corrective action period to create a process where additional training was provided to staff when they transferred from a female facility.

115.31 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states that employees shall receive annual PREA training.

The Training Supervisor confirmed staff receive annual PREA training, however said that because of COVID-19, this is now an online training. The annual training used to include CoreCivic Training and ADC training; however, it is now just ADC training. He confirmed he ensured all staff received PREA training as part of his duties. He received lists of staff who had not taken the training and then let them know their supervisor needed to schedule the training.

The auditor recommends RRCC provide CoreCivic training, as it is much more inclusive in training topics, and includes CoreCivic specific information.

Interviews with staff revealed that they received annual PREA training. All staff remembered receiving the training and were able to discuss parts of the training they remembered.

The auditor received a list showing all staff had taken the training for 2019 and 2020.

115.31 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Employees shall be required to confirm, by either electronic or manual signature, their understanding of the training that they have received. At Pre-Service Training and annual In-Service Training, each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgment - Pre-Service and In-Service form. Signed documentation will be maintained in the employee's training and/or HR file.”*

The auditor randomly selected several staff files and was able to review that they had signed the 14-2A PREA Training Acknowledgment- Pre-Service and In-Service form. All employees' records reviewed had these forms in their files, documenting that the employees understood the training they received. 14-2A PREA Training Acknowledgment- Pre-Service and In-Service form specifically states *“I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training I received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures as directed in this training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, and Learning and Development Manager, or the PREA Compliance Manager.”* The form also lists out the training topics received, which are what is required in 115.31 (a) 1-10).

Corrective Action and Conclusion:

RRCC entered corrective action to develop a plan to train staff on gender dynamics of male inmates that transfer to RRCC from a female facility.

Once RRCC provided that plan, the auditor determined the facility is in full compliance with every provision of this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 22-1 Volunteer Services and Management
- Current list of Contractors
- Current list of Volunteers
- 22-1A Volunteer Training Matrix
- 22-1B Volunteer Agreement forms
- 14-2A Training Acknowledgement Form for Contractors/Volunteers
- 22-1C Volunteer Code of Ethics
- 14-2J PREA Zero Tolerance Policy Acknowledgment forms

Interviews:

- Volunteers
- Contractors
- Training Supervisor

Standard Analysis:

115.32 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All volunteers and contractors who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy.*”

Contractors who routinely enter the facility receive PREA training and sign the same training acknowledgment forms. The auditor reviewed the *PREA Overview: Training for Contractor and Volunteers*, which included the agency’s prevention, detection, and response protocols, as well as an overview on what is sexual abuse and sexual harassment, CoreCivic’s Zero tolerance policy, how to fulfill their role in the CoreCivic and/or agency PREA policy, and how to comply with the law.

Contractors that are vendors, delivery drivers, or other contractors that have limited contact in the facility are required to sign the *14-2J PREA Zero Tolerance Policy Acknowledgment* form, which provides basic training on the zero-tolerance reporting.

Volunteers review training on ADC website and sign the Form *22-1C Volunteer Code of Ethics*. The Volunteer Training Matrix lists PREA training as a requirement.

The facility said they had 22 contractors and volunteers on the PAQ. The lists provided to the auditor exceed the 22 that were reported on the PAQ. The auditor discussed this with the PREA Compliance Manager and was told that there were currently no medical and mental health contractors, but that could change in the future.

The auditor interviewed 2 contractors during the onsite audit. Both contractors were well versed in PREA and remembered their PREA training. Both were able to describe what was taught to them in the training and were able to explain how they had or would respond to a PREA incident. One Food Service contractor had been a first responder and explained how he applied his training to a real-life response.

Volunteers were not able to be interviewed onsite because at the time of the onsite the facility was on a modified operation, and not allowing volunteers to enter the facility. The auditor was able to contact two volunteers by phone after the onsite audit and discuss PREA. Both volunteers were able to describe their PREA training and understood the requirements of PREA.

The auditor randomly selected training records, including the CoreCivic Training Acknowledgement for current contractors and volunteers, and all selected had received the training.

115.32 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates/detainees. All volunteers and contractors who have contact with inmates/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. All volunteers and contractors shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form (115.32 (b)). i.*

Contractors, including but not limited to, medical, mental health, education and food service shall receive the same PREA training required of all CoreCivic employees who have contact with inmates/detainees. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment - Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms.”

It also says that “The 14-2K PREA Overview Training for Contractors and Volunteers may be required should their duties develop into recurring contact with inmates/detainees”.

CoreCivic Policy 22-1 Volunteer Services and Management states “Each volunteer shall complete an appropriate, documented orientation and/or training program prior to assignment and shall agree, in writing, to abide by all facility policies, particularly those relating to the security and confidentiality of information. Training of approved volunteers shall be appropriate to the level of access and inmate/detainee contact associated with their volunteer assignment”

These requirements prioritize the level and type of training based on the services they provide and the level of contact they have with inmates. All volunteers and contractors are notified of the agencies zero-tolerance policy regarding sexual abuse and sexual harassment when filling out the 14-2J PREA Zero Tolerance Policy Acknowledgment forms and/or the 14-2A PREA Training Acknowledgment forms.

115.32 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The signed documentation confirming that each Volunteer or Contractor understands the training that he/she has received will be kept in the volunteer or contractor’s file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PREA Compliance Manager.” The forms were provided to the auditor upon request. This satisfies the requirement that the agency maintain documentation confirming that volunteers understand the training they receive.

Conclusion:

The auditor determined the facility is in full compliance with every provision of this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure
- PREA Posters
- PREA Video
- RRCC Inmate Handbook
- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Attachment C: Inmate Orientation to Prison Rape Elimination Act (PREA)
- Arizona Initial Viewing of PREA Video and Receiving PREA Handout
- Arizona Inmate Acknowledgment of 30-Day PREA Reassessment & Comprehensive Training

Interviews:

- Intake Staff
- Random Inmates
- Disabled and Limited English Proficient Inmates

Standard Analysis:

115.33 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*Upon arrival at the facility for intake, each inmate/detainee shall be provided with information regarding sexual abuse prevention and reporting (e.g. inmate/detainee handbook, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure, contracting agency brochure, handout etc.)*".

The PREA video is shown to every inmate at orientation, which ordinarily occurs the same day of arrival at the facility. The video was provided to the PREA auditor and covered all the information required.

Additionally, the Inmates are provided a copy of the Inmate Handbook, given a PREA Pamphlet and signs that they have received and understand the information on the *Arizona Initial Viewing of PREA Video and Receiving PREA Handout* form.

The information provided describes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment.

The facility said on the PAQ that all 1,391 inmates who were admitted during the previous 12 months received the information at intake.

CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure lists the definitions of sexual harassment as *"Repeated and unwelcome comments or gestures of a sexual nature, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. Repeated and unwelcome sexual advances; requests for sexual favors; or verbal comments, gestures, or actions of a derogatory or offensive sexual nature."*

Sexual abuse is defined as *"Forced or coerced sexual intercourse or sexual contact when the victim does not consent or is unable to consent or refuse. This may include the use of fear or threat of physical violence, psychological intimidation, bullying, and physical force. Sexual abuse also can include incidents of penetration by a foreign object."*

It is recommended that the definitions be adjusted to be in line with the PREA standard definitions of sexual abuse and sexual harassment.

An initial screening session was witnessed by the auditor during the onsite visit. This initial screening also includes providing the educational materials and having the inmate sign the Arizona Initial Viewing of PREA Video and Receiving PREA Handout. The inmate is given a private 1:1 meeting with the staff who provides the screening, in which they may ask questions about the educational materials they received.

Some inmates did not remember receiving the PREA education, however, all inmates were able to tell the auditor about PREA requirements and various reporting options. The auditor reviewed inmate records for all inmates that were selected for an interview, including random and targeted. Most inmates would remember watching the PREA video if the auditor mentioned that it said, *"do not take the candy"*. Several inmates complained that the video was old and outdated, which was passed along to the facility.

115.33 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Within 30 days following intake, either in person or through video, inmates/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention:"*

- a. CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment;*
- b. How to report incidents, threats or suspicions of sexual abuse or sexual harassment;*
- c. An inmate/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;*
- d. Inmate/detainee-on-inmate/detainee sexual abuse;*
- e. Employee-on-inmate/detainee sexual abuse;*
- f. Self-protection from sexual abuse;*
- g. Availability of policies regarding sexual abuse prevention/intervention; and*
- h. Available emotional support services (treatment and counseling) to include internal and external victim advocates and community support services.*

Inmates/detainees shall sign indicating acknowledgment that they have received Intake information and the 30-day comprehensive education and this documentation shall be maintained by the facility in the inmate/detainee file."

The training provided through the video and handouts covered the inmates right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility said on the PAQ that all 1,391 inmates who were admitted during the previous 12 months and who's length of stay at the facility was 30 days or more) was provided comprehensive education as described.

The *Arizona Inmate Acknowledgment of 30-Day PREA Reassessment & Comprehensive Training* form was completed and available in each inmate file that was reviewed.

Since RRCC is currently providing the comprehensive information the same day as the inmate intakes at the facility, RRCC is exceeding the requirements for this provision of the standard.

115.33 (c) The PCM reported that RRCC did not house Arizona DOC inmates at the time of the PREA standards being released, or within the 12-month due date for this provision. Inmates were received in 2016 and all inmates were educated appropriately upon arrival to the facility.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training"*.

All inmates that arrive at RRCC receive inmate education on RRCC policies relating to PREA.

115.33 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"The facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled or Limited English Proficient (LEP).*

The facility shall take appropriate steps to ensure that inmates/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment.

Inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective.

The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provided information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmates/detainees on an individual basis."

The auditor interviewed inmates with a Physical Disability, Blind, Hard of Hearing, Cognitive Disability and Limited English Proficient (Spanish speaking). All inmates but one was able to tell the auditor what they knew about PREA and how to report an incident if something happened. They all said they were provided inmate education in a format they could understand. One inmate was hard of hearing and ordinarily reads lips. Due to COVID-19 restrictions, the auditor wore a mask during the interview. The inmate did not understand the questions being asked so the auditor asked the facility to follow up by providing additional PREA information.

The staff who provides intake education was able to describe the various requirements about inmates who needed additional help receiving the education and were aware of the requirements in the policy. There were no deaf inmates who needed a sign language interpreter at the time of the interview, however, the auditor was able to utilize a staff interpreter for a Spanish-speaking inmate.

RRCC provides all PREA educational materials in Spanish, as well as English.

115.33 (e) The agency maintains documentation of inmate's participation in educational sessions by maintaining the *Arizona Initial Viewing of PREA Video and Receiving PREA Handout* form and *Arizona Inmate Acknowledgment of 30-Day PREA Reassessment & Comprehensive Training* form.

The auditor was able to verify this documentation while onsite for every inmate selected for file review.

115.33 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmates/detainees through posters, inmate/detainee handbooks, or other written formats*".

Key information is continuously available throughout the facility. The auditor was able to see key information in every inmate housing unit, education, program, and work areas she visited. The housing units had a PREA poster and several PREA handouts posted on a bulletin board. There was also the PREA hotline numbers stenciled on the wall in several locations, including by inmate phones.

When inmates use the phones to make a call, it says how to make a PREA hotline call first, so every inmate is provided this information anytime they make a call. Several inmates complained about this and said they were tired of hearing the PREA hotline information. Most inmates could recite the number that needed to be called to contact the hotline.

The auditor also reviewed the inmate's closed-circuit television channel that has PREA information cycled on a continuous basis. This is a best practice, as it provides an ongoing way inmate can receive the information.

In some inmate housing units, the PREA information posted on white paper, as are all the other postings on the bulletin board. It is recommended that brightly colored paper be utilized and laminated when possible, so they are not torn down, or destroyed.

In a few inmate housing units, the PREA information was posted above the bulletin boards and would be too high for some inmates to read. It is recommended that information be moved down to eye level.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard. RRCC exceeds the requirement in 115.33 (b) by providing comprehensive training on the day the inmate arrives at the facility. Additionally, the auditor believes the facility has exceeded the standard by providing creative ways to receive PREA information, such as on the inmate television channel and programming the phone to recite the PREA hotline number prior to making any call. It was apparent that inmates all knew how they report an allegation of sexual abuse and sexual harassment.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Investigator Training Records for Pre-Service, In-Service and PREA Overview Training
- Copies of Investigators Specialized Training Records
- Signed 14-2 AI PREA Training Acknowledgement Specialized Training

Interviews:

- Administrative and Criminal Investigators

Standard Analysis:

115.34 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"In addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PREA Compliance Manager shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.)"*.

RRCC has one administrative investigator and one backup in case he is not at the facility. The auditor was able to review their training records, and they had specialized investigations training in addition to general PREA training provided to all staff. The training was specific to confinement setting and in an on-line format.

Criminal investigators at ADC CIU also have taken specialized training in addition to regular training. The training certificates for their training records were also provided to the auditor as documentation.

Interviews with both the administrative and criminal investigators confirmed they understood the training they took and knew how to conduct sexual abuse investigations in confinement facilities.

115.34 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."*

The online training provided was reviewed and contained all the necessary components required in this provision of the standard.

Interviews with administrative and criminal investigators confirmed they understood each component of the training and how to utilize that training in real-life situations.

Investigations that were reviewed confirmed investigations were completed according to the training provided.

115.34 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file.*”

Copies of signed 14-2A1 PREA Training Acknowledgement Specialized Training forms were provided to the auditor as documentation.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Roster of Medical and Mental Health Personnel (CoreCivic and Contract)
- 14-2 A1 PREA Acknowledgement Specialized Training forms

Interviews:

- Medical Staff
- Mental Health Staff
- Health Services Administrator

Standard Analysis:

115.35 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*In addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, shall receive specialized medical training as outlined below:*

- a. How to detect and assess signs of sexual abuse and sexual harassment;*
- b. How to preserve physical evidence of sexual abuse;*
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and*
- d. How and to whom to report allegations of sexual abuse and sexual harassment.”*

The training is provided by video and is titled “PREA Specialty Training for Medical and Mental Health Staff”. The training covers the topics required by this standard.

115.35 (b) The facility does not conduct forensic medical examinations; therefore, this provision of the standard is not applicable.

Interviews with medical staff and the Health Services Administrator confirmed medical examinations are not conducted at RRCC.

115.35 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Medical and Mental Health Staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file.”*

Copies of training rosters were provided to the auditor as documentation. The training was conducted in 2019, and then again, before the PREA audit in February 2021.

The auditor received signed copies of medical and mental health staff *14-2A1 PREA Training Acknowledgment Specialized Training* as documentation for this standard.

The facility was not educating medical and mental health staff as they began employment with RRCC, therefore, they were providing services to inmates prior to being trained. The auditor determined that all medical and mental health staff have received the training, however the facility needed to develop a process to ensure that medical and mental health staff received the specialized training when they are hired/contracted, prior to contact with inmates.

115.35 (d) Medical and mental health staff also must receive the training mandated for employees under 115.31 and for contractors and volunteers under 115.32, depending upon the practitioner’s status at the agency.

Compliance with this provision is discussed in the standard analysis for 115.31 and 115.32, however, the auditor did confirm medical and mental health staff were part of the random selection.

Interviews with medical and mental health staff confirmed they had received regular PREA training, in addition to the specialized training.

Corrective Action and Conclusion:

It was required RRCC develop a system to ensure medical and mental health staff receive specialized training after they are hired, but before contact with inmates.

RRCC said they had incorporated the specialized training in the pre-service process for staff and contractors. This would ensure they received the training prior to contact with inmates. The training curriculum and facilitators guide was provided to the auditor.

The auditor also received a training roster for a recently hired doctor, who had completed the training.

After verifying the process had been developed, the auditor determined the facility is in full compliance with every provision of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-2B Sexual Abuse Screening Tool
- RRCC Admit Reports
- Incident Statements
- PREA Investigation Workflow Checklist

Interviews:

- Staff who Conduct Screening for Risk
- Random Inmates
- PREA Compliance Manager

Standard Analysis:

115.41 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.*”.

RRCC conducts screenings for inmates during intake at the facility utilizing form *14-2B Sexual Abuse Screening Tool*.

Interviews with staff who conduct screening for risk and random inmates confirmed this is the process at RRCC.

Sample screening forms were reviewed.

115.41 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Inmates/detainees shall be assessed, within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. This includes inmates/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception, and inmates/detainees who have been returned from court, or other leave status*”

The PAQ said that all 1,391 inmates who had entered the facility in the 12 months prior to the audit had received an initial PREA risk screening within 72 hours.

Interviews with staff who conduct risk screening confirmed the initial screening is ordinarily conducted the same day, but no later than 72 hours after the inmate arrives at the facility.

Inmate files were reviewed on all random and targeted inmates interviewed during the onsite audit. In every sample that was reviewed the 72-hour screening was completed on time.

Most inmates that were interviewed confirmed they remembered the initial PREA risk screening, however, some did not.

115.41 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual*

Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening process.”.

The screening tool was reviewed by the auditor and determined to be objective.

115.41 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The intake screening shall consider, at a minimum, the following criteria to assess inmates/detainees for risk of sexual victimization:*

- a. Whether the inmate/detainee has a mental, physical, or developmental disability;*
- b. The age of the inmate/detainee;*
- c. The physical build of the inmate/detainee;*
- d. Whether the inmate/detainee has previously been incarcerated;*
- e. Whether the inmate/detainee’s criminal history is exclusively nonviolent;*
- f. Whether the inmate/detainee has prior convictions for sex offenses against an adult or child;*
- g. Whether the inmate/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;*
- h. Whether the inmate/detainee has previously experienced sexual victimization;*
- i. The inmate/detainee’s own perception of vulnerability; and j. Whether the inmate/detainee is detained solely for civil immigration purposes.”*

14-2B Sexual Abuse Screening Tool asks:

Section 1: Victimization

1. Have you been the victim of sexual abuse or unwelcome sexual activity?
2. Have you ever been threatened with sexual assault by another inmate/resident while incarcerated?
3. Have you ever been approached by another inmate/resident for sex while incarcerated?
4. Do you feel that you are vulnerable to sexual abuse or assault while incarcerated?
5. Is your sexual orientation or status lesbian, gay, bisexual, transgender, intersex or gender non-conforming or do you believe you are perceived to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming?
6. Do you have physical, mental, or developmental disabilities?
7. Do you have a current or prior conviction for sexual offense/abuse against a child or adult?
8. Inmate/Detainee appears to be physically, developmentally, or mentally disabled.
9. Inmate/Detainee has a small build or appears to be vulnerable.
10. Inmate/Detainee appears to be gender non-conforming, lesbian, gay, bisexual, transgender or intersex
11. Inmate/Detainee appears to be a loner, introverted, or naïve.
12. Inmate/Detainee has a youthful or elderly appearance which may contribute to vulnerability.
13. This is the first time the inmate/detainee has been incarcerated.
14. Inmate/Detainee has only non-violent offenses or institution record.
15. Inmate/Detainee is being detained solely for civil immigration purposes.

Section 3: Discrepancies Between the Interview and the File Review

22. Are there discrepancies between the interview and the file review?

The screening form is computerized; however, staff verbally ask inmates the questions. The staff determines the answers by verifying some of the information provided.

14-2B Sexual Abuse Screening Tool: Directions for Competition states:

“1. For the purposes of numbers 14 and 19, violence should be considered in instances where the violence is against a person(s) and would not include destruction of property.

2. It should also be noted that questions 7 and 18 are the same (Do you have a current or prior conviction of sexual offense/abuse against a child or adult?). The question only needs to be asked once, but the response should be provided in both areas. It has been intentionally duplicated in both sections I and II based on the fact this behavior can be both an indicator of potential victimization and predatory behavior.

3. Comments should be provided for **any YES** answer in the space provided below each question or staff observation/file review item. As an example, if the inmate/detainee responds he/she has been the victim of sexual assault or unwelcomed activity, and is willing to share information regarding the incident, provide a brief description (i.e. raped while in the community, sexually abused by a parent when young, other inmates/detainees sexually harassed him/her, etc.). This would also apply to the staff observation items. As an example, to the observation of whether the inmate/detainee appears to be a loner, introverted, or naive, a yes answer would result in staff providing why they perceived the inmate/detainee in this manner (appeared to be very quiet, lacked confidence, extremely shy, averted eye contact, etc.).

4. If the staff observations or file reviews are in conflict with the answers provided by the inmate/detainee, it should be noted and any additional YES answers should be taken into consideration in the scoring of each area. (i.e. the inmate/detainee responds that he/she has not been convicted of a sexual offense, but the file review reveals a criminal conviction for a sexual offense; the inmate/detainee should receive a YES response for that question).

5. PREA (Prison Rape Elimination Act) alerts for the purpose of tracking predators, potential predators, victims and potential victims are in OMS as follows:

- HOUP – Housing P (Predator);
- HOUPP – Housing PP (Potential Predator);
- HOUPV – Housing PV (Potential Victim); and
- HOUV – Housing V (Victim).

Use of these alerts should correspond with the findings of the 14-2B Sexual Abuse Screening Tool. As an example, if an individual answers yes to question(s) one and/or two, the Victim box should be checked on the 14-2B and they should be assigned an alert for HOUV in OMS. If the screening tool reflects yes answers to three or more of the questions three through sixteen, the Potential Victim box should be checked on the 14-2B and an alert for HOUPV should be entered in OMS. This same direction applies to answers related to predatory history/risk; however, it should be noted that only two yes answers are required for numbers 18-21 to be considered a Potential Predator.

6. It is very important that the completed sexual abuse screening tools (14-2B) get forwarded to the Health Services Department to ensure further mental health screening and evaluation are completed.”

The auditor was able to observe a PREA risk screening while onsite. The screener asked all the questions, except when asking the question about sexual orientation or status, said “are you gay, straight or bi?”. The auditor asked the screener how they would know if the inmate were transgender, intersex or gender non-conforming and she said they would tell her.

The auditor found this practice to not be compliant with the provisions of the screening. The auditor required the staff member be retrained on how to complete a PREA risk screening. She was re-trained and signed a training roster, which was provided to the auditor as documentation. The trainer observed her doing a screening to ensure she was asking the question appropriately. The PCM has also said she will spot check her in the future to ensure compliance.

The screener asked the questions in a housing unit in the dayroom. The inmates were all kept away from where the interview was happening, however, the auditor noted that an inmate might not want to discuss these sensitive issues in a housing unit. The auditor was told that previously the screening questions were completed in a private location in Intake, however due to COVID-19, the facility changed locations to allow for social distancing. The auditor recommends RRCC find a private location in which social distancing is possible.

115.41 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse”*.

14-2B Sexual Abuse Screening Tool asks:

Section 2: Predatory History/Risk

16. Do you have a previous conviction of sexual assault or abuse in a prison or jail?
17. Have you received a disciplinary sanction for sexual abuse while incarcerated in a prison or jail?
18. Do you have a current or prior conviction of a sexual abuse against a child or adult?
19. Do you have a current or prior conviction of a violent offense against a child or adult?
20. Have you received a disciplinary sanction for violence while incarcerated in a prison or jail?
21. Inmate/Detainee has a security threat group affiliation.

115.41 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Within a set period of time not to exceed 30 days from the inmate's arrival at the facility, a reassessment of the inmate/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. The 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days.”*

Some inmates that were interviewed remembered receiving a 30-day PREA risk screening, and some did not remember or did not believe they had received one.

The PAQ provided by RRCC said that 0 inmates have received the 30-day reassessment. When the auditor asked for clarification, they said that they did the 30-day reassessment on all inmates that entered the facility.

The auditor asked if there was a report available to show all the screening dates and if they were on time. The PCM said this was not available so the auditor reviewing files of all the random and targeted inmates that were interviewed.

The auditor noticed that many of the 30-day screenings were up to a few days late. The PCM confirmed that they were not always able to complete the screenings within the 30-day timeframe, however she had been working on making sure they were always completed on time. She said in the future she and other supervisors will ensure they are completed on time by monitoring the upcoming screenings and ensuring screening staff is aware of the requirement. She can view the computerized system at any time to see what upcoming screenings are due.

The facility entered a corrective action period, in which the auditor wanted to receive copies of all screenings along with RRCC admit reports to ensure they were completed within the 30-day required timeframe. Since RRCC was only a day or two late, the auditor only required documentation to be provided for the 45-day time period of the interim report. The auditor specified that if the facility goes into corrective action for a longer period for other standards, the auditor will continue to monitor compliance with this standard until the corrective action period is complete.

Since the facility entered a corrective action period, the auditor continued to monitor the 30-day screenings to ensure they were completed on time. The PCM sent the auditor copies of the PREA risk screenings, that include the date the inmate has arrived at the facility so the auditor could verify they were completed on-time. All screenings provided to the auditor were completed within the 30-day timeframe.

115.41 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*A reassessment shall also be completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator*”.

The auditor was able to view inmates who were reassessed due to an allegation of sexual abuse.

The PREA Investigation Workflow Checklist states “Notify unit to conduct rescreen on any sexual abuse that is substantiated or unsubstantiated”. The notation is completed on the checklist, which was also supplied to the auditor.

The PCM discussed the rescreening that is completed when warranted. She completed the *PREA Investigation Workflow Checklist* and ensure the re-screening is completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness.

115.41 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Inmates/detainees may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions.*”

Staff who perform screening for risk were able to articulate that an inmate would never be disciplined for refusing to participate in a risk screening. When interviewing inmates, the auditor was not made aware of an inmate who had been disciplined.

115.41 (i) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate/detainee's detriment by staff or other inmates/detainees Measures taken shall include, but are not limited to:*

- a. Sexual Abuse Screening Interviews with inmates/detainees at intake shall be conducted with as much privacy as is reasonable given security and safety concerns.*
- b. An inmate/detainee shall not be permitted to complete his/her own 14-2B form (or contracting agency assessment form) or utilize assistance from other inmates/detainees to complete the form. All 14-2B forms shall be completed by staff.*
- c. Inmates/detainees shall not be permitted to have access to files containing assessment forms belonging to other inmates/detainees.*
- d. Where assessments are conducted electronically, access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff, and staff with a need to know for the safe and secure operation of the facility.”.*

In interviews with the PCM and Staff who screen for risk it the auditor was told that the PREA risk screenings are limited to only certain staff at the facility that need access to them. Most staff do not have access to them.

Corrective Action and Conclusion:

The auditor found that a staff that was conducting the risk screening was not asking if inmates were transgender, gender non-conforming or intersex. For corrective action, the staff who was completing the PREA risk screening was instructed to ask the full questions and re-trained to conduct screenings. A training roster was completed and provided to the auditor as documentation. The PCM has agreed to spot-check future screenings to ensure they are conducted appropriately.

The auditor also recommends that the PREA risk screenings be conducted in a private location, and not in an inmate housing unit dayroom. Even if inmates are positioned so they can't overhear the screening, inmates might be less likely to be forthcoming in an open location where there is an appearance other inmates might overhear. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response language that states "*Sexual Abuse Screening Interviews with inmates/detainees at intake shall be conducted with as much privacy as is reasonable given security and safety concerns.*"

The facility entered a corrective action period, in which the auditor asked to receive copies of all screenings along with RRCC admit reports to ensure they were completed within the 30-day required timeframe. Since RRCC was only a day or two late, the auditor only required documentation to be provided for the 45-day period of the interim report. The auditor specified that if the facility goes into corrective action for a longer period for other standards, the auditor will continue to monitor compliance with this standard until the corrective action period is complete. The facility entered a formal corrective action period, so the auditor continued to monitor the PREA risk screenings.

The PCM sent copies of reminder emails to staff who conduct the screening to complete the assessments within the required 30-day period. The PCM also sent intake rosters and completed 30-day assessments. All inmates who arrived at RRCC within the corrective action period received the 30-day risk screening within the timeframe.

The auditor is satisfied with the corrective action and finds the facility compliant with this standard. The facility should continue to ensure these screenings are completed in a timely manner.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
- 14-2B Sexual Abuse Screening Tool
- 14-2 B Sexual Abuse Screening Tool Directions for Completion
- CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan

Interviews:

- Staff who Conduct Screening for Risk

- Random Inmates
- PREA Compliance Manager
- Gay & Bisexual Inmates

Standard Analysis:

115.42 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.*”

The computerized screening automatically calculates the risk, based on the answers to the questions. A score is automatically assigned based on that score.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response also states, “*The facility shall use the information from the 14-2B Sexual Abuse Screening Tool, or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments, in the consideration of housing recreation, work program and other activities.*”

The PCM explained that each inmate is given a PREA risk score, based on the screening they receive. Inmates may score as “victim”, “potential victim”, “predator”, “potential predator”, or “Not Applicable”. The computerized system will not allow an inmate that scores as a victim/potential victim to be housed with an inmate that scores as a predator/potential predator.

Additionally, the auditor spoke with the staff member who is responsible to make work assignments. She states that she checks the inmate’s PREA risk screening score and is careful about where she places inmates. She said she would not have a victim/potential victim to be in a work assignment that would be concerning with an inmate that scores as a predator/potential predator. She said the floor crew is an example of a job she would not want victim/potential victims or be assigned with predators/potential predators. The auditor pulled the PREA risk screening of the floor crew and there were no inmates with PREA designators.

The PCM explained that there are no education or program assignments that would be low visibility or concerning if a victim/potential victim is assigned with a predator/potential predator. The auditor did not find an education or program assignment that has low staff visibility during the site tour, or the onsite audit.

115.42 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall make individualized case by case determinations about how to ensure the safety of each inmate/detainee*”.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Use of Restrictive Housing to protect inmates/detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort*”.

In interviews with all staff, it was apparent this is completed. The staff who conduct PREA risk screenings, the PCM, and others all were able to articulate how important it was to ensure that vulnerable inmates were safe from inmates who may be a predator.

115.42 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“In deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems”*.

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities states *“CoreCivic facilities shall not base housing placement decisions for transgender or intersex inmates/detainees solely on the identity documents or physical anatomy of the inmate/detainee. An inmate/detainee's self-identification of his/her gender and self-assessment of safety needs shall be taken into consideration”*.

RRCC does not currently house transgender or intersex inmates. ADC chooses which inmates to place at RRCC so the housing decision to house a male or female facility is completed by ADC before coming at RRCC. RRCC may make recommendations on housing once an inmate arrives, but it is ultimately at the discretion of ADC to determine if a transgender inmate would be housed there. RRCC staff is aware that RRCC would not be an ideal location to place a transgender/intersex inmate due to the general population shower architecture not being private enough to accommodate a private shower during regular shower times.

RRCC does realize that any inmate can say they are transgender or intersex at any point so they may have an inmate that relays this information who is already housed at the facility. RRCC would then notify ADC, who would determine on a case-by-case basis if the inmate stays at RRCC or is transferred to another ADC location. ADC would then consider on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management problems. The PCM has said she would be involved in this decision and they would look at the safety and well being of the transgender/inmate in which unit/cell to assign them to.

The auditor asked several staff if they knew of any transgender or intersex inmates housed at RRCC. All staff said they were unaware; therefore, the auditor was unable to conduct any interviews with these targeted inmates. Staff did say that if they became aware, they would report this information through their chain of command.

115.42 (d-e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Transgender or intersex inmate/detainee gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments”* and *“Transgender or intersex inmate/detainee gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments”*.

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities states *“The SART shall reassess an inmate/detainee Treatment Plan, placement, programming and housing assignment twice each year. The CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form shall be used for these reassessments.*

A reassessment shall be completed any time that additional relevant information becomes known, or following any incident of victimization or threats to safety experienced by the inmate/detainee. At a minimum, SART shall consider the following in the reassessment

- a. Changes in the transgender inmate/detainee's housing preferences;*
- b. Variations in the inmate/detainee's medical and/or mental health status;*
- c. Safety/security of the inmate/detainee, other inmates/detainees, and/or facility staff;*

- d. Any threats to safety experienced by the inmate/detainee;
- e. Continued availability of housing; and
- f. Concerns documented by the facility.”

The PCM was aware of this requirement and said that if RRCC was assigned a transgender or intersex inmate, she would follow the CoreCivic policies to ensure the reviews were completed. There would be multiple housing options for a transgender/intersex inmate including general population, single-cell status, and protective custody housing if the inmate requested it.

Since the facility had not had any transgender or intersex inmates assigned to it, the auditor was unable to review completed documentation, or interview transgender or intersex inmates to ensure this was completed. The staff who conducted PREA risk screenings were also aware of this process but reported had never had to utilize it.

115.42 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees.*

The degree of separation required is dependent on the layout of the facility, and may be accomplished either through physical separation (e.g. separate shower stalls) or by timephasing or scheduling (e.g. allowing an inmate/detainee to shower before or after others).

The number of separate showers per day and the time of day for showering separately may be limited due to facility physical plant and/or institutional need.

Staff shall use discretion in determining whether to grant requests to shower separately made by newly arrived inmates/detainees who have not been identified as Transgender or Intersex, or have this review pending.

AT THIS FACILITY, TRANSGENDER AND/OR INTERSEX INMATES/DETAINEES ARE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY AS FOLLOWS:

ALL INMATES ARE OFFERED THE OPPORTUNITY TO SHOWER IN AN INDIVIDUAL SHOWER PROVIDED WITH A SHOWER CURTAIN FOR PRIVACY. IF REQUESTED, A TRANSGENDER OR INTERSEX INMATE WILL BE ALLOWED TO SHOWER SEPARATE FROM THE GENERAL POPULATION DURING DESIGNATED COUNT TIMES. CASE MANAGERS WILL RECEIVE ALL REQUESTS FOR SHOWERS AND WILL COORDINATE THE SHOWERING OPPORTUNITIES.”

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities states “*Transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmates/detainees the opportunity to disrobe, shower, and dress apart from other inmates/detainees.*

The degree of separation required is dependent on the layout of the facility, and may be accomplished either through physical separation (e.g. separate shower stalls) or by time phasing or scheduling (e.g. allowing an inmate/detainee to shower before or after others).

The number of separate showers per day and the time of day for showering separately may be limited due to institutional need.”

During the onsite tour of the facility, the auditor noted that the showers would not be enough privacy for a transgender or intersex inmate to shower privately from other inmates. The PCM said that she would arrange for the inmate to shower during count time or provide a shower in the medical area if a transgender or intersex inmate requested a private shower. She was aware utilizing the shower in the housing units during regular shower times would not be sufficient, as other inmates might be able to walk by and see the inmate's breasts, buttocks or genitals.

The staff who conducted PREA risk screenings were also aware of this requirement.

Since RRCC reports they have not had a transgender or intersex inmate housed there, no examples were provided to the auditor. The auditor was not able to interview transgender and intersex inmates to verify compliance.

115.42 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*CoreCivic facilities following the DOJ PREA Standards shall not place lesbian, gay, bisexual, transgender, or intersex inmates/detainees in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates/detainees*"

The PCM said that RRCC is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates/ detainees.

Gay and Bisexual inmates that were interviewed by the auditor confirmed they did not believe this had happened to them at the facility. There was no evidence to indicate this might have occurred in the past.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- Staff who supervise inmates in segregation
- Inmates who have alleged sexual abuse

Standard Analysis:

115.43 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*Inmates/detainees at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing the assessment*".

The facility said they have had no inmates who were at high risk for sexual victimization placed in involuntary segregated housing in the past 12 months. The auditor notes some inmates were placed in involuntary restricted housing following an allegation of sexual abuse, however, it was for reasons unrelated to the PREA incident. The auditor reviewed investigative files and reviewed the reasons for the placement. The auditor recommended that this placement be carefully documented.

The auditor interviewed two inmates who had reported sexual abuse. Neither inmate said they had been placed in segregated housing following their allegation of sexual abuse.

The staff who supervised in segregated housing were not aware of any inmates who had been placed there for high risk of victimization. The warden was aware that inmates who were at high risk of victimization should not be placed in segregated housing.

115.43 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*Inmates/detainees placed in restrictive housing pursuant to section I.8. above shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) the reasons for such limitations*".

Since no inmates had been placed in segregated housing for risk of victimization, there had been no examples for this auditor to review to ensure compliance.

Staff who supervise inmates in segregated housing were not aware of this requirement.

The PCM was aware of this requirement and said there have been inmates in segregation complete GED and other programs so they would be able to accommodate it. The only limitation would be church service attendance, but the service is recorded and played on a closed-circuit TV.

115.43 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days*”.

There were no examples to review. Staff who supervise inmates in segregated housing were not aware of this requirement, however, they would likely not be the reviewer.

The auditor discussed this with the PCM and Warden and they were aware of the requirements in this provision.

115.43 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*If involuntary restrictive housing is warranted as outlined above the documentation of such action shall clearly specify a basis for the facility concern for the inmate/detainee’s safety and the reason (s) why no alternative means of separation can be arranged*”.

The auditor discussed this with the PCM and Warden and they were aware of the requirements in this provision.

The PCM said the review would be conducted by the investigator and herself. She said the investigator would need to justify the placement as involuntary protective custody does not exist at RRCC. They would place the inmate on a security watch, with an SIR and work with movement to get the inmate moved immediately. Under normal circumstances this would take place 24-72 hours.

115.43 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Every 30 days, a review of each inmate/detainee’s status will be conducted to determine whether there is a continuing need for separation from the general population*”.

The auditor discussed this with the PCM and Warden and they were aware of the requirements in this provision.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- ADC Department Order 125 Sexual Offense Reporting
- ADC Department Order 125 Sexual Offense Reporting Attachment A - Inspector General
- ADC Department Order 125 Sexual Offense Reporting Attachment B – PREA Hotline
- CoreCivic Ethics Poster
- ADC Constituent Services Webpage
- MOU with the Elroy Police Department

Interviews:

- PREA Compliance Manager
- Random Staff
- Random Inmates

Standard Analysis:

115.51 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Inmate/Detainee Reporting a. Inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.*

Inmates/detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: (5-ACI-3D-15; 4-ALDF-4D-22-7)

- i. Verbally reporting to any employee, including the facility Chaplain;*
- ii. Submitting a request to meet with Medical or Mental Health staff and/or reporting to medical staff during sick call;*
- iii. Calling the facility 24-hour toll-free notification telephone number;*
- iv. Forwarding a letter, sealed and marked “confidential”, to the Warden/Facility Administrator or any other employee;*
- v. Calling or writing someone outside the facility who can notify facility staff;*
- vi. Contacting the facility PREA Compliance Manager; and*
- vii. Electronically reporting allegations of sexual abuse and harassment to the PREA Mailbox listed in the CORES system (where available).”*

ADC Department Order 125 Sexual Offense Reporting states *“Inmates who observe, are involved in, or have knowledge of a sexual assault shall immediately report their relevant information to a staff member. {5-ACI-3D-15}*

3.4.1 Inmates may report staff sexual misconduct and/or staff sexual harassment and inmate on inmate sexual assaults as follows:

3.4.1.1 Inmate Letter, Form 916-1. Refer to Attachment A, Inspector General Poster (English/Spanish).

3.4.1.2 Official correspondence through the United States (US) mail. Refer to Attachment A.

3.4.1.3 PREA Hotline (Attachment B) – When an inmate leaves a message on the PREA Hotline (contracted inmate phone system), designated staff members in the Inspector General Bureau will receive an email alerting them a message was left. (a) - (d)

3.4.1.3.1 The message will be recorded in an anonymous mailbox in the Secure Call Platform (SCP) where designated staff members can access the voicemail remotely at any time.

3.4.1.3.2 If there appears to be sufficient information to have an allegation investigated, the staff member shall contact the respective Criminal Investigations Unit Manager or Supervisor”.

RRCC provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the abuse. There are CoreCivic reporting mechanisms available for inmates to report, as well as ADC reporting mechanisms.

ADC Department Order 125 Sexual Offense Reporting Attachment B – PREA Hotline is posted throughout RRCC, including in every housing unit and says *“Inmates may report staff sexual misconduct and/or staff sexual harassment, and inmate on inmate sexual assaults by utilizing the PREA Hotline (contracted inmate phone system) by following the below instructions:*

- Pick up the handset and hit option number 9, followed by option number 1.*
- Dial 7732 (PREA). Inmates are not required to enter their PIN number or voice print.*
- Listen to the message recording, which states – “You have reached the PREA Hotline. If you would like to report a sexual assault or sexual abuse, please leave a detailed message. This information will remain anonymous. If you would like to report other issues not related to PREA please utilize the established procedures at your unit as no action will be taken on non-PREA issues.”*
- Leave a message detailing the alleged occurrence. The information will be confidential, and you will remain anonymous. If you would like to report other issues not related to PREA please utilize the established procedures at your unit.”*

The auditor viewed several posters throughout the facility that provided reporting information for inmates at RRCC. There were posters in several locations providing reporting information, including in housing units, visiting rooms, classrooms, programs areas, etc.

In some inmate housing units, the PREA information posted on white paper, as are all the other postings on the bulletin board. It is recommended that brightly colored paper be utilized and laminated when possible, so they are not torn down, or destroyed.

In a few inmate housing units, the PREA information with ways to report was posted above the bulletin boards and would be too high for some inmates to read. It is recommended that information be moved down to eye level.

The auditor was able to observe in several locations, including in housing units, there was the PREA hotline information stenciled on the wall. The auditor believes this is a best practice, as it cannot be torn down and they are stenciled close to inmate phones.

Inmates can also report a PREA incident on the inmate tablets. This is also a best practice, as it would be more private than utilizing an inmate phone in a housing unit.

The auditor also reviewed the inmate's closed-circuit television channel that has PREA reporting information cycled continuously. This is also a best practice, as it provides an ongoing way inmates can receive the information. The information included several reporting mechanisms.

The auditor tested the PREA hotline (7732) in several housing units. The auditor was able to make a test hotline call, and it was forwarded back to the auditor for confirmation the hotline worked appropriately. The hotline was received in the same day it was sent. The hotline did not require the inmate to enter a PIN in order to make the call. The PREA hotline is a message service, that goes to the ADZ Inspector General's office. Inmates must listen to the PREA hotline information when making any inmate call. Several inmates complained about this during interviews, because they were tired of hearing the PREA information, but most inmates were able to recite the PREA hotline number during their interview.

Almost all inmates interviewed were able to recite the several ways they could report sexual abuse and sexual harassment. Many inmates also said they would feel comfortable talking to a staff person if they had an issue.

All staff were able to explain at least some of the reporting options for inmates.

115.51 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request.*

AT THIS FACILITY, THE FOLLOWING NON-CORECIVIC AND NON-CONTRACTING AGENCY REPORTING MECHANISM OR PROCESS (INCLUDING ANONYMOUS) HAS BEEN ESTABLISHED:

INMATES MAY WRITE TO THE INSPECTOR GENERAL BUREAU 801 SOUTH 16TH STREET, PHOENIX, AZ 85034 MAIL CODE 930

Inmates/detainees detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

RRCC reported that no inmates were detained solely for civil immigration purposes. There was no indication this was not the case.

The standards and applicable FAQ's state that the outside reporting entity this standard requires must not be part of the agency. Since CoreCivic houses ADC inmates, the auditor determined that reporting to ADC's Inspector General's Bureau does not satisfy the requirements of the standards because it is not an outside entity.

The auditor determined to be compliant with this standard, RRCC must develop an outside anonymous reporting option for inmates to report sexual abuse and sexual harassment, that is not part of the facility.

CoreCivic already had an agreement in place with the Elroy Police Department to be an outside reporting option for other facilities in the area that CoreCivic runs. RRCC was able to utilize that

agreement to use Elroy Police Department to satisfy this requirement. The MOU with Elroy Police Department says that they will receive and accept written communication alleging sexual abuse or harassment from inmates/detainees who wish to report to an agency that is not part of CoreCivic and accept calls or written communication from outside 3rd parties on behalf of a resident/inmate. Reports shall be forwarded to the facility warden, allowing the resident, or 3rd party reporter to remain anonymous by request.

The PCM distributed a memorandum to the inmate population that said that they may report to the Elroy Police Department at 630 N. Main Street, Elroy, AZ 85213. The memo says they may write them with a PREA allegation through the form of official correspondence through the US mail. The memo says that no staff member may retaliate against them for reporting this information and that they may ask to remain anonymous. It also clarifies other reporting options.

The information was placed on the inmate's closed-circuit TV on Monday, March 8th, 2021.

The PCM directed the mailroom, not to inspect mail going to or from the Elroy Police Department through a memorandum, which will also be placed in the mailroom for review.

The PCM also sent this information to all staff at RRCC so they are aware of this new reporting mechanism.

RRCC updated the phone number to the Ethics line on all the posters throughout the facility. The auditor was able to verify while onsite.

On June 25, 2021 the auditor was notified the third party reporting option for inmates to report PREA allegations, anonymously if requested had changed to the Arizona Department of Juvenile Corrections.

An email was sent from the ADC PREA Coordinator to RRCC with a request for RRCC to update the information by posting a flyer advising inmate where and how they can report PREA allegations to an agency not connected with ADC. ADC requested this flyer be attached to DO125 Sexual Offense Reporting and will be available to all staff who have access to their internal website. The ADC PREA Coordinator requested the flyer be printed and hung on inmate bulletin boards or in areas where all required inmate PREA information is currently posted.

The flyer said "As required by the Prison Rape Elimination Act (PREA) Standard 115.51/115.25, you have the ability to report allegations of sexual abuse and/or sexual harassment to an entity that is not connected with the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR).

You may write the Arizona Department of Juvenile Corrections in regard to staff and/or inmate sexual misconduct and sexual harassment. Such writing should be in the form of official correspondence through the US mail. You have the right to remain anonymous upon request.

No staff member may retaliate against you for your correspondence, and, except for required investigations and necessary consultations with prison administration, your communication will remain confidential. You may place your correspondence in the appropriately labeled US mailboxes in accordance with inmate mail regulations. Employees are required to take action if you report staff or inmate misconduct or sexual harassment. Such action may include official department investigations and interviews."

The auditor received a copy of the MOU between ADC and Arizona Department of Juvenile Corrections. In the agreement the Arizona Department of Juvenile Corrections agree:

“To provide a mechanism for inmates to report sexual abuse or sexual harassment to an entity that is not connected with ADCRR. To provide a mailing address for inmates to report allegations of sexual abuse and/or sexual harassment in writing. To receive inmate correspondence and immediately report receipt of inmate letters to ADCRR. To review correspondence received from inmates and report allegations of sexual abuse and/or sexual harassment consistent with State and Federal law. To perform an evaluation of the outlined process and ADJC’s responsibilities at the six (6) month point, and determine if the Agreement should be continued, amended or termination, per section Special Terms and Conditions paragraph 3.1 Termination. If modifications are necessary that affect ADCRR, ADJC will notify ADCRR. If the evaluation determines that the process is working with our without modifications, the Agreement continues with the original fully executed agreed to start date.”

The PCM states she posted the updated information for inmates to view on June 25, 2021. Photos of the postings were supplied to the auditor as documentation. Additionally, the PCM also said the updated information has been placed on the inmate television system and added to the educational paperwork that is provided to inmates when they arrive at RRCC with their handbook. She also has included it as part of the comprehensive education that is due within 30 days.

The PCM also sent a memo to the mailroom requesting the mailroom staff requesting mail sent to the Arizona Department of Juvenile Corrections not be opened and be treated as strictly confidential. The PCM provided a copy of the memo, dated June 25, 2021, to the auditor as documentation.

115.51 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Employees /contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports”*.

During staff interviews, they were all able to say they would accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports immediately. In reviewing the allegations RRCC provided as documentation, there were a variety of ways the inmates reported the information and each time, regardless of the way, it was immediately investigated, and first responders documented reports the same day.

115.51 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through www.CoreCivic.ethicspoint.com”*.

The auditor observed the Ethics posters throughout RRCC during the site review in various locations, including staff breakrooms and bulletin boards.

Some staff knew they could contact the Ethics line if they wanted to privately or anonymously report to someone outside of the institution.

The auditor contacted the phone number for the Ethics line that was listed on the posters throughout the facility. The message said if it was a new allegation, the person calling needed to contact another phone number. The auditor contacted the new phone number and was able to contact an operator. The operator asked the auditor a series of questions, including if the auditor wanted to remain anonymous. The operator explained that if the auditor wanted to remain anonymous there was a way to log into a website and confidentially communicate with an investigator without having to give out their name or contact information. After providing all the information, the auditor received an email with login information. By the next day, the auditor had received a message from the Director of Ethics and

Compliance at CoreCivic. He said that if it were not a “test” report, he would forward the allegation to Warden Stolc and the PREA team from the Facility Support Center.

The auditor found this compliant, however required the facility to update the phone number on the posters. RRCC put stickers on the Ethics posters with the correct contact information before the onsite site review was completed.

Corrective Action and Conclusion:

CoreCivic already had an agreement in place with the Elroy Police Department to be an outside reporting option for other facilities in the area that CoreCivic runs. RRCC was able to utilize that agreement to use Elroy Police Department to satisfy this requirement. The MOU with Elroy Police Department says that they will receive and accept written communication alleging sexual abuse or harassment from inmates/detainees who wish to report to an agency that is not part of CoreCivic and accept calls or written communication from outside 3rd parties on behalf of a resident/inmate. Reports shall be forwarded to the facility warden, allowing the resident, or 3rd party reporter to remain anonymous by request.

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The flyer said “As required by the Prison Rape Elimination Act (PREA) Standard 115.51/115.25, you have the ability to report allegations of sexual abuse and/or sexual harassment to an entity that is not connected with the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR).

You may write the Arizona Department of Juvenile Corrections in regard to staff and/or inmate sexual misconduct and sexual harassment. Such writing should be in the form of official correspondence through the US mail. You have the right to remain anonymous upon request.

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The auditor received a copy of the MOU between ADC and Arizona Department of Juvenile Corrections. In the agreement the Arizona Department of Juvenile Corrections agree:

“To provide a mechanism for inmates to report sexual abuse or sexual harassment to an entity that is not connected with ADCRR. To provide a mailing address for inmates to report allegations of sexual abuse and/or sexual harassment in writing. To receive inmate correspondence and immediately report receipt of inmate letters to ADCRR. To review correspondence received from inmates and report allegations of sexual abuse and/or sexual harassment consistent with State and Federal law. To perform an evaluation of the outlined process and ADJC’s responsibilities at the six (6) month point, and determine if the Agreement should be continued, amended or termination, per section Special Terms and Conditions paragraph 3.1 Termination. If modifications are necessary that affect ADCRR, ADJC will notify ADCRR. If the evaluation determines that the process is working with our without modifications, the Agreement continues with the original fully executed agreed to start date.”

The PCM states she posted the updated information for inmates to view on June 25, 2021. Photos of the postings were supplied to the auditor as documentation. Additionally, the PCM also said the updated information has been placed on the inmate television system and added to the educational paperwork that is provided to inmates when they arrive at RRCC with their handbook. She also has included it as part of the comprehensive education that is due within 30 days.

The PCM also sent a memo to the mailroom requesting the mailroom staff requesting mail sent to the Arizona Department of Juvenile Corrections not be opened and be treated as strictly confidential. The PCM provided a copy of the memo, dated June 25, 2021, to the auditor as documentation.

In conclusion, the auditor has determined RRCC is in full compliance of this standard after the corrective action was completed.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- ADC Department Order 802 Inmate Grievance Procedure
- Unit Coordinator Grievance Log

Interviews:

- Grievance Coordinator

Standard Analysis:

115.52 (a) RRCC reports they are not exempt from this standard.

115.52 (b) *ADC Department Order 802 Inmate Grievance Procedure states "The Department shall not impose a time limit when an inmate may submit a grievance regarding an allegation of sexual abuse. The Department may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The Department shall not require an inmate to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Nothing in this section of the Department Order shall restrict the ability of the Department to defend against an inmate's lawsuit on the ground that the applicable statute of limitation has expired".*

The grievance coordinator confirmed that there is no time limit for an inmate to file a sexual abuse grievance. She also said the inmate is not required to use an informal grievance process or otherwise attempt to resolve an incident.

RRCC reported there were no sexual abuse grievances in the 12 months prior to the audit. The auditor received a copy of the Unit Coordinator Grievance Log, which included a description of each grievance. There were no grievances listed as sexual abuse, or anything that would be PREA related.

One inmate said they filed a sexual abuse grievance. The auditor reviewed the grievance and allegation; however, it did not meet the definition of sexual abuse and was not processed as a regular grievance, but instead an informal grievance. The PCM told the auditor that the inmate utilized an informal grievance form, instead of a regular grievance so it was processed as such. The inmate can file a regular grievance at any point in time, including on an inmate tablet.

115.52 (c) *ADC Department Order 802 Inmate Grievance Procedure states "The Complex Grievance Coordinator shall ensure an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and such grievance is not referred to a staff member who is the subject of the complaint".*

The grievance coordinator said the grievance would not go to the subject of the complaint and they would not be responding to the grievance.

115.52 (d) ADC Department Order 802 Inmate Grievance Procedure states “*The Warden or designee shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 workdays of the initial filing of the grievance. Computation of the 90 workday time period shall not include time consumed by inmates in preparing any administrative appeal.*”

The Complex Grievance Coordinator may claim an extension of time to respond, of up to 70 workdays, if the normal time period of 90 workdays for response is insufficient to make an appropriate decision. The Department shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level”.

The grievance coordinator understood the time requirements, however, there were no examples to review.

115.52 (e) ADC Department Order 802 Inmate Grievance Procedure states “*Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.*”

If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

If the inmate declines to have the request processed on his or her behalf, the Department shall document the inmate’s decision”.

The grievance coordinator understood that third parties may file a grievance on an inmate’s behalf unless the inmate declines.

115.52 (f) ADC Department Order 802 Inmate Grievance Procedure states “*The Grievance Coordinator or staff member receiving an emergency grievance or an Informal Complaint alleging an inmate is subject to a substantial risk of imminent sexual abuse shall immediately forward the grievance or Complaint (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken. An initial response shall be provided to the inmate within 48 hours, and the Warden or designee shall issue a final decision within five calendar days.*”

The Warden or designee shall document the initial response and final decision, the determination whether the inmate is in substantial risk of imminent sexual abuse, and the action taken in response to the emergency grievance. Copies shall be forwarded to the Legal Services Unit and the Department PREA Coordinator.

The grievance coordinator was aware of the emergency grievance requirements.

115.52 (g) ADC Department Order 802 Inmate Grievance Procedure states “*The Department may discipline an inmate for filing a grievance related to alleged sexual abuse only where the Department can demonstrate the inmate filed the grievance with malicious intent”.*

The grievance coordinator was aware that an inmate should not be disciplined without malicious intent.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Memorandum of Understanding (MOU) with Outside Victim Advocates

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Mailroom Staff
- Random Inmates
- Inmates who have Reported Sexual Abuse
- Outside Confidential Victim Advocates

Standard Analysis:

115.53 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Inmates/detainees shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.

AT THIS FACILITY, THE FOLLOWING COMMUNITY AGENCY OR AGENCIES PROVIDE EMOTIONAL SUPPORT SERVICES: SOUTHERN ARIZONA CENTER AGAINST SEXUAL ASSAULT (SACASA)".

The auditor reviewed the MOU with Southern Arizona Center Against Sexual Assault (SACASA), which was effective 1/1/2017. The MOU states that CoreCivic facilities agree to provide SACASA's contact information to inmates/detainees through various resources as appropriate for each facility. (i.e., inmate handbook, PREA resource guide, posters, etc.), including both the toll-free crises line telephone number and mailing address.

The auditor reviewed a posting in each inmate housing unit that provided this contact information for inmates. When random inmates were interviewed, very few knew about outside victim advocacy but knew PREA information was posted in the housing units.

Inmates who reported sexual abuse were told they had a staff advocate come to speak with them during their PREA investigation and were not aware of the ability to contact an outside victim advocate.

115.53 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Inmates/detainees shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”*

Consistent with applicable laws and emotional support service provider policy, information shall be reported to the facility without the inmate/detainee’s consent, in the event that the inmate/detainee 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or, 4) threatens the security of the facility or to escape.

If confidential information must be disclosed, facility staff will not share any information beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law”.

The PC said this policy language is intended to be generic and included commonly found language on what is generally reported. It is not intended to mandate what each agency providers advise inmates. Each agency informs inmates based on their policy and applicable state law for mandatory reporting, confidentiality, etc. SACASA follows the mandatory reporting requirements in Arizona and its internal policies.

The CoreCivic PREA pamphlet states *“Calls made to community agency/rape crisis center PREA Hotline numbers are not monitored or recorded. Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call.”*

The MOU with SACASA stated they will *“Accept and forward allegations of sexual abuse/assault to the appropriate CCA facility within one (1) business day to include reports received from inmates/detainees and other interested parties. SACASA will forward reports by calling the appropriate CCCA facility and speaking to the on-duty shift supervisor. In addition, SACASA staff will send a follow-up email regarding the report to the appropriate CCA facility”.*

The auditor clarified with SACASA that they would not disclose any personally identifying information of the victim unless the victim consented to such disclosure. They said they would call RRCC and let them know they received an allegation of sexual abuse; however, they would not disclose any further information. If the victim consented and signed a release, SACASA would provide details on the allegation and the victim information. SACASA said that a lot of the time the inmate wants to report the incident so it can be investigated. The PC said SACASA was not intended to be a primary reporting option.

The auditor recommended clarifying the language in the MOU, so others would know that this is their process. The advocates would disclose any abuse that they need to per mandatory reporting

requirements in state law. The PC said the MOU was in the process of being updated, and that they would clarify to explain the process for reporting information back to the facility.

The MOU was clarified to say “Accept and forward reports of sexual assault received from inmates/detainees and third parties. When contacting a CoreCivic Facility, SACASA will not disclose any personal identifying information without the consent of the reporting party. In instances where the inmate/detainee or third party wishes to remain anonymous, SACASA will not disclose any personal identifying information. All notifications by SACASA, falling outside of the scope of the Notice provision, to the Facility shall be within one (1) business day utilizing facility contact information in Attachment B attached hereto.”

During the onsite audit the auditor was told that if an inmate wanted to contact an advocate at SACASA, they would need to tell staff and the staff would facilitate the call in a confidential location. The inmates were not able to contact the advocates from the inmate phones, as the phone system had not been set up to allow calls. The auditor determines this was not reasonable communication in as confidential manner as possible, therefore they needed to work with the telephone provider to program in the advocates calls. RRCC utilizes ADC’s phone provider and agreed to work with them to program the advocates phone number, and request they not be monitored or recorded. The auditor requested this information be relayed to the inmate population once completed so they would be aware of the ability to contact an advocate confidentiality. RRCC requested ADC make this change.

The auditor spoke with the ADC PREA Coordinator, and he explained that he believes the facility is complying with this standard because it allows reasonable access to telephone support upon requests and is consistent with the requirements of the standard. He provided a written response that says ADC does not support the inconsistent and unfettered access of inmates using housing unit telephones to place calls to outside emotional support agencies because their current process complies with 115.53.

After consultation with the PREA Resource Center the auditor disagrees with ADC’s stance, however the issue really is about whether the facility is providing reasonable communication in “as confidential manner as possible”. Since the facility has no control over the phone system and ADC’s decision, the auditor finds the facility compliant with this standard. The facility took steps to get ADC to reconsider their position, and they were unwilling to do so. The auditor has found that the facility is compliant with this standard.

The auditor spoke with a mailroom staff, who said that they read 25% of outgoing mail on a random basis, and all incoming mail. If a letter came to or from an advocate, they would process that letter in the same way as all other mail.

The auditor determined this was not in as confidential manner as possible and the PCM issued a memorandum to the mailroom to clarify that outgoing mail to SACASA should not be inspected and is strictly confidential. The PCM also agreed to direct the mailroom to handle incoming mail from SACASA as legal mail. The PCM agreed to post the memorandums in the mailroom so new mailroom staff would receive the information.

The revised MOU states that CoreCivic agrees to “Enter the SACASA telephone numbers into the inmate/detainee telephone system as a “free” call ensuring that no costs are incurred by either SACASA or the calling party. The telephone numbers will also be designated as confidential and will not be monitored or recorded through the inmate/detainee telephone system.”

115.53 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “CoreCivic shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers that are able to provide inmates/detainees with confidential emotional support services related to sexual abuse.

All MOUs must be reviewed and approved by the CoreCivic FSC Legal Department prior to signature. The facility and FSC Legal shall maintain copies of MOUs. The facility shall maintain documentation showing attempts to enter into such agreements”.

The auditor did review the MOU with SACASA to provide inmates with confidential emotional support services related to sexual abuse. The MOU was revised in March 2021.

Corrective Action:

RRCC revised their MOU with SACASA and began utilizing them for advocacy services. The MOU clarified the reporting function of SACASA to only provide non-identifying information unless the inmate specifically requested it be reported.

The mailroom staff were also instructed by a memo not to inspect outgoing mail to SACASA and to treat incoming advocacy mail like legal mail. The auditor found the clarified MOU and mailroom process to be compliant.

The facility entered a formal corrective action period to work with ADC and the phone provider to allow inmates to call SACASA without having to contact a RRCC staff to facilitate the call, enabling communication in as confidential manner as possible. During the corrective action period RRCC attempted to work with ADC to allow inmates to call SACASA, without having to contact a RRCC staff to facilitate the call.

The auditor spoke with the ADC PREA Coordinator, and he explained that he believes the facility is complying with this standard because it allows reasonable access to telephone support upon requests and is consistent with the requirements of the standard. He provided a written response that says ADC does not support the inconsistent and unfettered access of inmates using housing unit telephones to place calls to outside emotional support agencies because their current process complies with 115.53.

After consultation with the PREA Resource Center the auditor disagrees with ADC’s stance, however the issue really is about whether the facility is providing reasonable communication is “as confidential manner as possible”. Since the facility has no control over the phone system and ADC’s decision, the auditor finds the facility compliant with this standard. The facility took steps to get ADC to reconsider their position, and they were unwilling to do so. The auditor has found that the facility is compliant with this standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Copy of facility PREA information from the CoreCivic website and ADC Constituent Services
- CoreCivic Ethics Line Poster

Interviews:

- Random Inmates
- Random Staff

Standard Analysis:

115.54 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through www.CoreCivic.ethicspoint.com.”

Third party reporting information is posted on the facility page on the CoreCivic web-site: CoreCivic.com.”

The CoreCivic website states “*Reporting Allegations of Sexual Abuse/Sexual Harassment*

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

Send a letter to the warden of the facility at the address provided on our facility locator.

Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.

Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.

Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail www.corecivic.com/ethics line.

It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations."

The ADC Constituent Services website has listed contact information for reporting a PREA allegation. Third parties may contact the Family and Friends Liaison by email at JFFLiasion@azcorrections.gov or telephone at (602) 364-3945 or in-state toll-free at (866) 333-2039.

The Ethics Line is also available for third-party reporting.

During the site tour, the auditor was able to see third party reporting information is available on inmate bulletin boards. During random interviews with inmates and staff, most did say they could have a friend or family member report on their behalf.

The auditor reviewed all PREA investigations in the past 12 months, and one allegation reviewed came from a third party. That allegation was accepted and immediately investigated.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Sexual Abuse Incident Check Sheet

Interviews:

- Warden
- PREA Coordinator
- Random Staff
- Medical and Mental Health Staff

Standard Analysis:

115.61 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“In accordance with this policy, employees/contractors are required to report immediately any knowledge suspicion, or information regarding, an incident of sexual abuse or sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic).”*.

All RRCC staff understood they were to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Staff were able to clearly articulate the process for reporting and understood their responsibilities.

The agency and facility leadership that was interviewed understood that every allegation must be reported and investigated.

When reviewing the sexual abuse and sexual harassment investigations in the past 12 months, each allegation appeared to be immediately reported and investigated.

115.61 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.”*.

Staff interviewed all understood that PREA information needed to be as confidential as possible, and many were able to talk about who may or may not be someone who needs to know to make treatment, investigation or other security and management decisions.

There was no indication during the audit that PREA information has been inappropriately disclosed.

115.61 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in this policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmates/detainees of their professional duty to report and the limitations of confidentiality.”*

Medical and Mental Health staff interviewed all said that they would inform inmates of their professional duty to report and the limitations of confidentiality in the initiation of services.

115.61 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“If the alleged victim is under the age of 18 or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency under applicable mandatory reporting laws.”*

RRCC staff is mandatory reporters. They were able to articulate they would need to disclose allegations to the appropriate entity when allegations of abuse were made against a minor or a

vulnerable adult. Most staff were not sure who the reporting entity is, however, they would report the information according to their protocols.

PREA Overview Participant Workbook and PREA Overview Facilitator's Guide for PREA training discusses the mandatory reporting requirements for staff.

In cases of child abuse reporting, state law says that mandated reporters can call the child abuse hotline or tell a peace officer.

In cases of mandatory vulnerable adult reporting, Arizona state law says that reports should be made to a peace officer or to the adult protective service's central intake unit.

All sexual abuse allegations are reported to CIU, who is peace officer status.

The facility self-reported they did have any allegations that met the mandatory reporting requirements during the previous 12 months prior to the audit. The auditor was not able to locate any allegations that would qualify as child or vulnerable adult abuse.

115.61 (e) All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are made to the facility's designated investigators, which is the facilities designated PREA investigator and ADC's CIU.

The *Sexual Abuse Incident Check Sheet* says the PREA Compliance Manager or Facility Investigator notifies law enforcement. The *PREA Investigation Workflow Checklist* says to contact CIU if it has not already been done.

The auditor reviewed all sexual abuse and sexual harassment allegation in the past 12 months, and all allegations had been reported to both the facility investigator and ADC's CIU.

The auditor interviewed the facility investigator and ADC's CIU and both said all allegations had been referred to them for investigation.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Sexual Abuse Incident Check Sheet
- PREA Overview Participant Workbook
- PREA Overview Facilitator's Guide

Interviews:

- Agency Head Designee
- Warden
- Random Staff

Standard Analysis:

115.62 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "When it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee."

The *PREA Overview Participant Workbook* and *PREA Overview Facilitator's Guide* for PREA training explains immediate action must be taken, including separating the victim and the abuser.

The facility reported that there had not been any determinations that an inmate was subject to a substantial risk of imminent sexual abuse in the 12 months prior to the audit. The auditor reviewed all sexual abuse and sexual harassment allegation in the previous 12 months and was not able to locate any allegations that would have required the facility to be concerned about a substantial risk of imminent sexual abuse.

The Agency Head Designee and Warden said during his interview that the facility would take immediate action when the imminent risk of sexual abuse was indicated.

Random staff were all able to say they would take immediate action, including immediately separating inmates when there was an allegation of sexual abuse. All staff realized that the most important thing was keeping the inmate safe and that it was their responsibility to do so.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

- Copies of 5-1 reports

Interviews:

- Agency Head
- Warden

Standard Analysis:

115.63 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Upon receiving an allegation that a current inmate/detainee had been sexually abused while confined at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken:*

The Warden/Facility Administrator of the facility that received the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place.

A copy of the statement of the inmate/detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.”.

The interview with The Agency Head and Warden were aware of the requirement to report this information.

The auditor was provided and reviewed one instance where an inmate had said they were sexually abused in a confinement setting during the PREA risk screening. The auditor reviewed a letter from the Warden to the facility head at the facility the inmate alleged the sexual abuse occurred. The letter detailed the assault allegations and was sent the same day the inmate made the allegation.

115.63 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states such reports should happen as soon as possible, but no later than 72 hours after receiving the allegation.

There were no examples provided to the auditor for review.

115.63 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall document that it has provided such notification through the 5-1B Notice to Administration.”*

The auditor reviewed 5-1B Notice to Administration forms that were completed on an allegation that took place when an inmate said he had been sexually abused at another facility.

115.63 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Upon receiving notification from another facility that an incident/allegation of sexual had occurred while the inmate/detainee was previously confined at the facility, the following actions shall be taken.*

The facility shall record the name of the agency making the notification, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. An inmate/detainee statement should be requested.

If the allegation was reported and investigated in accordance with CoreCivic Policy and/or referred for criminal investigation if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. iii. If the allegation was not reported

and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The Incident shall be reported through the 5-1 IRD.”

The facility reported they had not received any allegations from another facility. During the auditor’s review of sexual abuse and sexual harassment allegations in the past 12 months, there were no allegations that had been received by another facility.

The Agency Head and Warden were aware of this requirement and said these types of allegations would be investigated.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- PREA Overview Participant Workbook
- PREA Overview Facilitator's Guide
- 14-2-C Sexual Abuse Incident Checklist
- First Responder Card
- Copies of 5-1 Incident Reports

Interviews:

- Staff who have acted as a First Responder (Security and non-security)
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.64 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*Upon learning of sexual abuse, or an allegation of sexual abuse, the first security responder is required to complete the following:*

Separate the alleged victim from the alleged abuser. When the alleged abuser is an inmate/detainee, he/she shall be secured in a single cell (if available) to facilitate the collection of evidence if required;

Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation;

Ensure that the alleged victim is taken to the facility Health Services Department; and d. Notify the highest supervisory authority on-site.

Following notification from first responders, the highest supervisory authority on-site shall ensure that the ADO, the PREA Compliance Manager, and Warden/Facility Administrator are immediately notified of the incident.

While in the Health Services Department, and if the abuse occurred within a time period that allows for collection of physical evidence, responding staff shall, to the best of their ability, request that the victim does not take any actions that could destroy physical evidence. This would include, as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking drinking, eating, or brushing his/her teeth.

If the abuse occurred within a time period that allows for collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions could destroy physical evidence. This would include as appropriate washing, showering, removing clothing without medical supervision, urinating, defecating, smoking drinking, eating, or brushing his/her teeth”.

The auditor interviewed several random staff who had been first responders and had not. The first responder questions were asked of all staff, not just the ones who had been a first responder. All staff was able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties.

All staff had been provided a card with their first responder duties that they can carry with them, to use as a reference if needed.

Staff training includes first responder information.

Inmates who had reported sexual abuse told the auditor that the appropriate protocol was followed, including being taken to health services.

115.64 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then shall notify security staff.*”

The auditor interviewed a first responder that was not a security staff member. The responder responded to the incident in the way required.

The auditor interviewed several random staff that was not security members in various capacities. All staff was able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties.

All staff had been provided a card with their first responder duties that they can carry with them, to use as a reference if needed.

Staff training includes first responder information.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 13-79 Sexual Assault Response Protocol
- CoreCivic/RRCC PREA Institutional Plan
- 13 79A Sexual Assault Response Protocol
- Memo from the Warden assigning staff to positions on the Sexual Abuse Response Team (SART)
- 5-1 Reports of Incidents
- MOU with SACASA
- MOU with SAFE/SANE

Interviews:

-Warden

Standard Analysis:

115.65 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*In order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited, to the following positions:*

PREA Compliance Manager and/or Administrative Duty Officer (ADO) – The ADO on-site or on-call is responsible for overall coordination of the facility response to an incident of sexual abuse to ensure the policy is implemented effectively. The ADO will ensure that the 14-2C Sexual Abuse Incident Check Sheet is followed and the incident has been reported according to policy. The ADO will serve as a primary liaison with investigators until such time as the PREA Compliance Manager arrives.

Medical Representative – The medical representative shall assess the alleged victim's acute medical needs and explain the need to the victim for a forensic exam if appropriate. The medical representative shall ensure that the facility medical staff responded appropriately and medically stabilized the victim before assessment by a community medical provider, if medically indicated.

Security Representative – The Security Representative shall ensure inmate/detainee safety needs are addressed, including separating the alleged victim and perpetrator, and that employee responses to reports of sexual abuse and sexual harassment are timely and consistent with policy.

Mental Health Representative – This position ensures that the alleged victim is assessed, and that mental health needs are addressed according to policy and local procedure.

Victim Services Coordinator – A Chaplain or employee designated by the Warden/Facility Administrator may serve as the facility Victim Services Coordinator. The Victim Services Coordinator may not be a member of security. This individual shall attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim of sexual abuse. In the absence of a victim advocate, the Victim Services Coordinator may provide inmates/detainees with confidential emotional support and will ensure that inmates/detainees are aware that they may access additional victim resources through community victim agencies.

SART team assignments as outlined above in section L. 1. for a response to an immediate report of Sexual Abuse shall be made by the PREA Compliance Manager, ADO or highest-ranking authority on-site.

The Warden/Facility Administrator shall designate full time SART members to coordinate the after action response to an incident of sexual abuse. These SART responsibilities shall include, but are not limited to, the following:

Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards;

Conducting the Post Incident Review and completing the 14-2F Sexual Abuse or Assault Incident Review Report;

Serving on the facility multi-disciplinary team responsible for developing treatment plans for Transgender inmates/detainees; and d. Ensuring that follow-up Medical and mental health referrals have been completed.

CoreCivic Policy 13-79 Sexual Assault Response Protocol outlines the procedures for medical staff first responders, triage and treatment and the Rape/Sexual Assault Protocol.

A CoreCivic/RRCC PREA Institutional Plan was provided as documentation that outlined the SART's response plan. It says:

- “The PCM will serve as the primary liaison with law enforcement*
- The medical representative will ensure appropriate medical response*
- The security representative will ensure safety needs are addressed and the employee responses are timely and consistent with policy*
- The mental health representative will ensure victim is assessed and mental health needs are addressed, and*
- The victim services coordinator will ensure that inmates are able to access victim resources and are informed of their rights to care and be protected from victimization.”*

The *Sexual Abuse Incident Checklist* also covers notifications made per the institutional plan.

The auditor reviewed incident reports that indicated RRCC was following the institutional plan that is in place.

An MOU for HonorHealth, the Elroy Police Department and SACASA was provided for review.

The Warden was aware of the SART and how it functioned.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- Agency Head

Standard Analysis:

115.66 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Neither CoreCivic, nor any other entity responsible for collective bargaining on CoreCivic’s behalf, shall enter into or renew any collective bargaining agreement or other agreement that limits the company’s ability to remove alleged employee sexual abusers from contact with any inmates/detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”*

RRCC reports they do not have any collective bargaining agreements.

The Agency Head said that CoreCivic staff who are responsible for the development of collective bargaining agreements are aware of this requirement.

115.66 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in and a preponderance of the evidence in determining whether sexual abuse or sexual harassment are substantiated.*

Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employee’s personnel file following a determination that the allegation of sexual abuse is not substantiated.”

RRCC reports they do not have any collective bargaining agreements.

The Agency Head said that CoreCivic staff who are responsible for the development of collective bargaining agreements are aware of this requirement.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- MOU with SACASA
- Completed 14-2D PREA Retaliation Monitoring Report

Interviews:

- Agency Head Designee
- Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring for Retaliation
- Inmates who Reported Sexual Abuse

Standard Analysis:

115. 67 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff.”*

RRCC utilizes the form *14-2D PREA Retaliation Monitoring Report* to track retaliation monitoring. The auditor interview one of the staff who is charged with retaliation monitoring at the facility. The staff was able to explain the process for doing so.

The Agency Head Designee and Warden both said retaliation concerns would be addressed.

The auditor spoke with inmates who had reported sexual abuse. One inmate said they remembered staff meeting with him to discuss retaliation.

115. 67 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The facility shall employ multiple protection measures to monitor retaliation against inmates/detainees including but are not limited to, (a) housing changes or transfers for inmate/detainee victims or abusers, (b) removal of alleged staff or inmate/detainee abusers from contact with victims, (c) emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, (d) periodic status checks, and (e) monitoring disciplinary reports, housing or program changes*

ADO staff, or the Warden/Facility Administrator will determine, on a case-by-case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will take into account the gravity and credibility of the allegations.

The Warden and the staff member who monitors for retaliation were able to list the multiple protection measures they employ.

In review of the investigative files, protection measures were initiated to ensure the inmates safety against retaliation.

115. 67 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmates/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60- 90) or contracting agency equivalent form.*

For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are changes that may suggest possible retaliation by inmates/detainees or other staff. Monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form.

Retaliation Monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports, and reassignments.

Emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

AT THIS FACILITY, THE POSITION THAT WILL SERVE AS THE DESIGNATED STAFF PERSON CONDUCTING STAFF 30/60/90 DAY MONITORING IS: FACILITY INVESTIGATOR

Ninety (90) day retaliation monitoring for staff and inmates/detainees on the 14-2D form or contracting agency equivalent form is not required for allegations of sexual harassment.

The facility shall consider on a case-by-case basis whether retaliation monitoring should be implemented for such allegations in order to protect staff or inmates/detainees.”.

The staff member who monitors for retaliation explained this would be completed for both staff and inmate reporters and would occur for at least 90 days.

The form *14-2D PREA Retaliation Monitoring Report* specifies that the monitoring is for either staff or inmates and take place in 30-, 60- and 90-day increments.

115. 67 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need.*”

The form *14-2D PREA Retaliation Monitoring Report* says the retaliation will be monitored beyond 90 days, as indicated.

The staff member who monitors for retaliation knew that the monitoring could be ongoing past the 90 days if there was a concern for retaliation.

The auditor reviewed investigative reports of sexual abuse that included monitoring for retaliation. The only time the monitoring for retaliation was not completed for the full 90 days was when the inmate was no longer housed at the facility.

115. 67 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.*”

The Agency Head and Warden were familiar with this requirement and said this is taken seriously at CoreCivic and RRCC.

115. 67 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility obligation to monitor retaliation for staff and inmates/detainees shall terminate if the facility determines that the allegation is unfounded*”.

The staff member who monitors for retaliation understood this requirement.

The auditor reviewed the investigative files of allegations in the past 12 months and monitoring was terminated when the allegation was determined to be unfounded.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- Staff who supervise inmates in segregation
- Inmates who have alleged sexual abuse

Standard Analysis:

115.68 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Inmates/detainees at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing the assessment"*.

Inmates/detainees placed in restrictive housing pursuant to section 1.8. above shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) the reasons for such limitations

Restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days

If involuntary restrictive housing is warranted as outlined above the documentation of such action shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason (s) why no alternative means of separation can be arranged.

Every 30 days, a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population.”

The auditor discussed this with the PCM and Warden and they were aware of the requirements in this provision.

The staff who supervised in segregated housing were not aware of any inmates who had been placed there for high risk of victimization. The warden was aware that inmates who were at high risk of victimization should not be placed in segregated housing.

There were inmates who were placed in involuntary restricted housing following an allegation of sexual abuse, however, it was for reasons unrelated to the PREA incident. The auditor reviewed investigative files and reviewed the reasons for the placement. The auditor recommended that this placement be carefully documented.

The auditor interviewed two inmates who had reported sexual abuse. Neither inmate said they had been placed in segregated housing following their allegation of sexual abuse.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard, and standard 115.43.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- ADC Department Order 608 Criminal Investigations
- CoreCivic Policy 5-1 Incident Reporting

Interviews:

- Investigative Staff (both administrative and criminal)
- Inmates who have Reported Sexual Abuse

Standard Analysis:

115.71 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports.”*

There is one facility investigator and one who can back up when needed if the facility investigator is out of the office. The auditor interviewed the facility investigator, who conducts administrative investigations. The investigator understood that all investigations shall be done promptly, thoroughly, and objectively, including third-party reports and anonymous reports.

The auditor reviewed all allegations of sexual abuse and sexual harassment in the 12 months before the audit. All administrative investigations appeared prompt, thorough and objective. Investigations reviewed included third-party and anonymous reports.

115.71 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The facility shall use investigators for administrative investigations who have received special training in sexual abuse investigations pursuant to Standards”.*

The facility investigator and backup who can conduct administrative sexual abuse and sexual harassment investigations have received specialized training in sexual abuse investigations in a confinement setting per standard 115.34. The auditor was able to review training transcripts and the investigator described the training he had received in his interview with the auditor.

The auditor reviewed the training transcripts of the criminal investigators in the ADC CIU. All CIU investigators had also received specialized training pursuant to 115.34. The auditor interviewed a criminal investigator with CIU and he was very knowledgeable on conducting criminal investigations.

115.71 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”*

Both criminal and administrative investigators were aware of this requirement and spoke about evidence collection and the process they would go through to complete a thorough investigation.

The investigative reports the auditor reviewed appeared to include direct and circumstantial evidence.

115.71 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“When the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”*

The auditor did not review any investigations that included compelled interviews, however, both investigators were aware of this requirement, and it was part of the training they have received.

115.71 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate/detainee or staff. No agency shall require an inmate/detainee who*

alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

Both administrative and criminal investigators were aware of this requirement. When the auditor reviewed the investigative reports all victim, suspect and witnesses were assessed on an individual basis, and not determined by the person’s status. There were no investigations reviewed by the auditor that included the use of a truth-telling device, however, both the administrative and criminal investigators were aware of the requirement not to require it as a condition for proceeding with an investigation of sexual abuse or sexual harassment.

115.71 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Administrative Investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report via the IRD and shall detail the following components:*

- a. Investigative facts (i.e. specific details about what actually happened);*
- b. Physical evidence (e.g. clothes collected, medical evidence, etc.);*
- c. Testimonial evidence (e.g. witness statements);*
- d. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible);*
- e. Investigative findings (i.e. discovery or outcome of the investigation); and*
- f. An explanation as to how the conclusion of the investigation has reached the conclusion.”*

The administrative investigator was able to describe these requirements during his interview with the auditor.

The auditor reviewed all administrative sexual abuse and sexual harassment investigations in the past 12 months, and they documented each of these requirements.

115.71 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible”.*

ADC Department Order 608 Criminal Investigations states “*Preliminary Report*

The 5-1A must be forwarded to the individuals listed below within twenty-four (24) hours, excluding weekends and holidays. Reports for weekends and holidays will be sent by 11:00 a.m. (local time) the following business day:

- Appropriate Managing Director, Facility Operations;*
- Manager, Divisional Support; and*
- Senior Manager, Quality Assurance Data Analysis.*

The Divisional Managing Director, Facility Operations will ensure the 5- 1A is forwarded to the appropriate Vice President, Facility Operations for review.

NOTE: The following incidents require forwarding of the 5-1A to the Assistant General Counsel, Operations (in addition to those individuals identified above):

- Employee on inmate/resident alleged sexual act that allegedly occurred beyond seventy-two (72) hours*
- Employee on inmate/resident sexual harassment*

• Arrest of an employee (on-duty) ii. Finalized Report Within twenty-one (21) calendar days of the incident's occurrence or from the date the incident became known, unless an extension has been granted by the appropriate Managing Director, Facility Operations, copies of the following forms must be finalized, typed, and submitted in accordance with 5-1.4I:

- 5-1C Incident Statements NOTE: Legibly written 5-1C's are not required to be typed.
- 5-1D Use of Force Summary & Review
- 5-1E Prison Rape Elimination Act (PREA) Reporting, if applicable
- 5-1G Incident Investigation Report, as determined by the Warden/Administrator
- 5-1H Incident Packet Checklist & Administrative Review
- 13-34A2 Facility Emergency Anatomical Form, if applicable
- 13--63A Monitoring Form, for use of four (4) or five (5) point restraints only”

The criminal investigator was able to describe the requirements in this provision during his interview with the auditor.

The auditor reviewed all criminal sexual abuse and sexual harassment investigations in the past 12 months, and they documented each of the requirements required in this provision.

115.71 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution*”.

The criminal investigator knew all substantiated allegations of conduct that appear criminal should be referred for prosecution. There was one allegation that appears criminal that was administratively substantiated, however, the criminal investigator had not concluded his investigation. Once that case is closed it will likely be forwarded for prosecution.

115.71 (i) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.*”

CoreCivic's retention schedule was provided to the auditor for review. It states “*PREA Investigative Files and written reports to be retained as long as the alleged abuser is incarcerated or employed plus 5 years*”.

115.71 (j) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.*”

Both administrative and criminal investigators were aware that the departure of the victim or abuser shall not provide a basis for terminating the investigation.

The auditor reviewed allegations in which the victim and/or the suspect were no longer at the facility at the time of the investigation, and the investigation was completed.

115.71 (k) The auditor is not required to audit this provision; however, criminal investigations are completed by ADC CIU, who also must be PREA compliant.

115.71 (l) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation*”.

RRCC cooperates with the ADC CIU investigators and remains informed of the progress of the investigation. There were several notes in the investigative files the auditor reviewed, in which RRCC provided information to ADC CIU, or requested a status on the case, and they were provided it.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- Investigative Staff

Standard Analysis:

115.72 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place”.

The auditor interviewed the investigator, who explained that the preponderance of the evidence is used when determining the outcome of a sexual abuse and sexual harassment allegation.

The auditor reviewed all the sexual abuse and sexual harassment allegations in the 12 months before the audit, and it appeared the outcomes were all appropriate and based on the preponderance of the evidence.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Copies of Completed 14-2E Inmate PREA Allegation Status Notifications

Interviews:

- Warden
- Investigative Staff
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.73 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Following an investigation into an inmate/detainee’s allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.”*

RRCC utilizes the form *14-2E Inmate PREA Allegations Status Notifications* to document that the inmate is informed of the outcome of the investigation.

The auditor reviewed *14-2E Inmate PREA Allegations Status Notifications* in all investigative files reviewed. The investigative staff is the person responsible to notify the inmate of the outcome of the investigation.

The Warden was aware of the requirement to provide this information to the inmate at the conclusion of an investigation.

Inmates who had alleged sexual abuse that was interviewed by the auditor did say they were told of the outcome of the investigation. Additionally, the inmate is asked to sign the form, confirming that they have received the required notification of the status of their allegation of sexual abuse. Completed forms are available in the investigative files.

115.73 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee”*.

ADC CIU also notifies the inmate of the disposition of their case. This letter is sent to them and is signed off on by the inmate, a presenter, and a witness.

ADC CIU keeps the facility informed on the status of the investigation.

115.73 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Following an inmate/detainee’s allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee (unless the facility has determined that the allegation is unfounded) whenever:*

- a. The employee is no longer posted within the inmate/detainee’s unit as a result of the findings of the investigation;*
- b. The employee is no longer employed at the facility as a result of the allegation;*
- c. The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or*
- d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.”*

14-2E Inmate PREA Allegations Status Notifications has checkboxes that include this provision. The auditor reviewed forms that were completed that notified the inmates of things required in this provision. The investigator completes this update and was aware of the requirement during their interview. A copy of the form is also retained in the investigative file.

115.73 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, the facility shall subsequently inform the alleged victim whenever:*

- a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or*
- b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”*

The 14-2E Inmate PREA Allegations Status Notifications form has checkboxes that include this provision. The auditor reviewed forms that were completed that notified the inmates of things required in this provision. The investigator completes this update and was aware of the requirement during their interview. A copy of the form is also retained in the investigative file.

115.73 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All inmate/detainee notifications or attempted notifications shall be documented on the 14-2E Inmate/Detainee Allegation Status Notification. The inmate/detainee shall sign the 14-2E, verifying that such notification has been received. The signed 14-2E shall be filed in the inmate/detainee's institutional file.”*

As previously explained, all notifications were reviewed and were documented in the investigative file on form 14-2E Inmate PREA Allegations Status Notification form.

115.73 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility obligation to notify the inmate/detainee as outlined in this section shall terminate if the inmate/detainee is released from CoreCivic custody”*.

The investigator was aware of this requirement and the auditor was able to see that the facility had noted when an inmate was no longer in their custody. If the inmate is at another ADC facility, the PCM will request the notification will be made at the other facility.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- PREA Compliance Manager

Standard Analysis:

115.76 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.*”.

The PCM said staff will be subject to disciplinary sanction, including terminations, however, in the past 12 months, there were no substantiated allegations of sexual abuse and sexual harassment involving a staff member.

The auditor reviewed the investigative files and found no investigations that determined a staff violated sexual abuse or sexual harassment policies.

115.76 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.*”.

The auditor reviewed the investigative files and found no investigations that determined a staff violated sexual abuse or sexual harassment policies and have been terminated. During the onsite audit, employees mentioned they would lose their job if they violated sexual abuse and sexual harassment policies.

115.76 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.*”.

Since there were no examples, the auditor was unable to verify that the disciplinary sanctions were commensurate with the provision.

115.76 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.*”.

All allegations of sexual abuse and sexual harassment are reported to ADC CIU, which is a law enforcement agency. The auditor reviewed all investigative files for the 12 months before the audit and was able to verify that all allegations were forwarded to CIU as required.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- Warden

Standard Analysis:

115.77 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmates/detainees and shall be reported to law enforcement agencies and to any relevant licensing body.*”

There was one allegation of sexual abuse that was involving a contractor and none involving a volunteer that were substantiated within the 12 months before the audit. The auditor reviewed documentation to verify the contractor was immediately removed from the facility and was referred to the law enforcement agency ADC CIU. The contractor resigned from their position, before being terminated. The contractor did not hold any licenses that were relevant, therefore no notifications were made.

Documentation of the contractor's resignation was provided to the auditor.

115.77 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Any other violation of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmates/detainees and removal from the facility."

RRCC immediately restricted the contractor to having contact with inmates and was removed from the facility.

The warden said that contractors and volunteers that violate sexual abuse or sexual harassment policies would result in appropriate corrective action, including removal from the facility if appropriate.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- ADC Department Order 803 Inmate Disciplinary Process

Interviews:

- Warden

- Medical and Mental Health Staff
- Random Staff

Standard Analysis:

115.78 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Inmates/detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate/detainee engaged in inmate/detainee-on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee-on inmate/detainee sexual abuse.*”.

ADC Department Order 803 Inmate Disciplinary Process discusses sexual assault, sexual contact and harassment, which would cover inmate on inmate sexual abuse.

There was no substantiated allegation of inmate-to-inmate sexual abuse to review during the 12 months before the audit.

115.78 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history, and the sanctions imposed for comparable offenses by other inmates/detainees with similar histories.*”.

ADC Department Order 803 Inmate Disciplinary Process outlines the rule violations for sexual assault and sexual contact and outlines a grid that is commensurate with the inmate’s disciplinary history, and possible penalties that all inmates may be issued. It says the “*penalties imposed shall be fair, reasonable and consistent with the severity of the violation.*”

115.78 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The disciplinary process shall consider whether an inmate/detainee's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.*”.

ADC Department Order 803 Inmate Disciplinary Process discusses the process for a mental health assessment during the disciplinary process and says that competency is determined by the assigned license psychologist and they will determine if the inmate is competent to proceed.

115.78 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.*”

The medical and mental health staff said the facility does not offer sex offender treatment or other interventions designed to address and correct underlying reasons or motivations for the abuse, therefore no such interventions were required as a condition of access to programming or other benefits.

115.78 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*An inmate/detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact.*”.

Several random staff was able to describe that inmates cannot consent to sexual conduct with an employee, due to the power dynamic that exists.

ADC Department Order 803 Inmate Disciplinary Process does not discuss any rule violations that would be imposed for engaging in sexual contact with a staff member.

115.78 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Inmates/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purposes of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.*”.

There were no examples of this provided to the auditor for review, however, the false reporting rule violation in ADC Department Order 803 Inmate Disciplinary Process states “*stating a false, fraudulent or unfounded report or statement or to knowingly misrepresent a fact for the purpose of interfering the orderly operation of the institution, which may be written or oral.*”.

115.78 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Sexual activity between inmates/detainees is prohibited in all CoreCivic facilities, and inmates/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.*”.

ADC Department Order 803 Inmate Disciplinary Process has rule violations for both sexual assault and sexual contact. Sexual assault is without a person’s consent.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Email notifications and Mental Health Records

Interviews:

- Mental Health Staff
- Inmates who Reported Sexual Abuse during a Risk Screening

Standard Analysis:

115.81 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioner or other qualified professional within 14 days of the intake screening. Inmates/detainees at risk for sexual victimization will be identified, monitored, and counseled.”*.

The PREA risk screening asks inmates if they have been sexually victimized. If an inmate answered yes, an email is sent to mental health staff to schedule a follow-up meeting.

Examples of emails were provided to the auditor, as well corresponding mental health evaluation records. The mental health professional saw the inmate within a few days of disclosing sexual abuse during a risk screening.

Mental health staff knew about this requirement during the PREA audit interview.

Inmates who reported sexual abuse during a risk screening said they were offered a mental health assessment.

115.81 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Inmates/detainees, excluding jail inmates/detainees, identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a mental health practitioner or other qualified professional within 14 days of the intake screening.”*.

The PREA risk screening asks inmates if they have been sexually abusive. If an inmate answered yes, an email is sent to mental health staff to schedule a follow-up meeting.

Examples of emails were provided to the auditor, as well corresponding mental health evaluation records. The mental health professional saw the inmate within a few days of disclosing sexual abuse during a risk screening.

Mental health staff knew about this requirement during the PREA audit interview.

115.81 (c) RRCC is a prison, therefore this provision is not applicable.

115.81 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.”*.

Medical and mental health staff were aware that all information related to sexual victimization or abusiveness that occurred in an institutional setting should be strictly limited to the need to know staff. All records regarding an allegation of sexual abuse and sexual harassment are kept confidential at RRCC and only shared to inform treatment plans, security decisions, etc.

115.81 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Medical and mental health practitioners shall obtain informed consent from inmates/detainees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate/detainee is under the age of 18.*”.

Medical and mental health staff said they obtained informed consent prior reporting information about sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- ADC Department Order 125 Sexual Offense Reporting
- 5-1 Incident Reports
- Rape /Sexual Assault Protocol

Interviews:

- Medical and Mental Health Staff
- First Responders
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.82 (a) ADC Department Order 125 Sexual Offense Reporting states “*When the inmate victim arrives at the Health Unit, QHCPs shall: Assess and provide any necessary emergency care and treatment. A QHCP shall evaluate the inmate and, if necessary, make arrangements with security staff for the inmate to be escorted to an outside medical facility or emergency room for treatment and the collection of forensic evidence. Ensure emergency treatment of the inmate is not delayed for any administrative reason.*”.

Medical and mental health staff knew that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of that is determined by their professional judgment.

The auditor reviewed medical and mental health records following an allegation of sexual abuse. Medical and mental health care were offered immediately following the allegation and care and treatment was provided in accordance with this standard.

Inmates who reported sexual abuse said they were immediately offered medical and mental health evaluations and treatment.

First responders said inmates were evaluated by health services immediately after the incident occurred. The *5-1A Incident Reports* document the medical evaluation that is completed.

115.82 (b) ADC Department Order 125 Sexual Offense Reporting states “*Notify the Contract Facility Health Administrator of the alleged assault and the need for tertiary care, if applicable, at an outside facility. The Contract Facility Health Administrator shall: Coordinate the collection of evidence with the CIU. Determine if hospital-based treatment is necessary, and if necessary, ensure the proper notifications and arrangements are made to have the inmate escorted.*”

The first responder protocol is to immediately escort the inmate to the medical area for an evaluation. Medical and first responders said this was part of the initial response following an allegation of sexual abuse. If no qualified medical or mental health practitioners are on duty, first responders take preliminary steps to protect the victim and make the notifications to the appropriate medical and mental health practitioners.

The Rape/Sexual Assault protocol documents the steps taken following an allegation of sexual abuse, and medical and mental health staff are always available for a response if needed.

The auditor reviewed medical and mental health records following an allegation of sexual abuse. Medical and mental health care were offered immediately following the allegation and care and treatment were provided in accordance with this standard.

115.82 (c) ADC Department Order 125 Sexual Offense Reporting states “*Provide timely information and access to emergency contraception in accordance with professionally accepted standards of care, when medically appropriate. Medical care is being provided for proper evaluation and treatment of any injuries. The necessity of the physical exam, including blood drawings and specimen collection. The necessity to check for sexually transmitted diseases and sexually transmitted infections prophylaxis.*”

RRCC is a male-only facility, however, medical and mental health staff said that victims of sexual abuse would be offered timely access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate.

115.82 (d) ADC Department Order 125 Sexual Offense Reporting states “*Treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*”

Medical and mental health staff verified that inmates would not pay for the care related to the allegation of sexual abuse.

There was no indication by inmates who had reported sexual abuse, or by reviewing the investigative records that inmates were charged for their care.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- ADC Department Order 125 Sexual Offense Reporting
- 5-1 Incident Reports
- Rape /Sexual Assault Protocol

Interviews:

- Medical and Mental Health Staff
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.83 (a) ADC Department Order 125 Sexual Offense Reporting states "*Ongoing medical and mental health evaluation, and as appropriate, treatment shall be offered to all Arizona Department of Corrections, Rehabilitation & Reentry (ADCRR) inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.*"

Medical and mental health staff were able to describe ongoing medical and mental health care that would be available, as appropriate. Documentation of ongoing care was provided to the auditor.

115.83 (b) ADC Department Order 125 Sexual Offense Reporting states "*The evaluation and treatment of such victims shall include, as appropriate: Follow-up services. Treatment Plans. Referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.*"

Medical and mental health staff describe the evaluation and ongoing treatment when appropriate that would be provided to a victim of sexual abuse.

Follow-up services and treatment plans were provided to the auditor.

115.83 (c) ADC Department Order 125 Sexual Offense Reporting states “*The institution shall provide such victims with medical and mental health services consistent with the community level of care.*”.

Medical and mental health staff said the care provided to victims is consistent with the community level of care, and one medical person said it was even higher than community level of care in some ways.

115.83 (d) ADC Department Order 125 Sexual Offense Reporting states “*Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.*”.

This provision is generally not applicable, as this facility houses male inmates, however medical staff knew of this requirement and would be offered a pregnancy test if able to get pregnant.

115.83 (e) ADC Department Order 125 Sexual Offense Reporting states “*Victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.*”.

This provision is generally not applicable, as this facility houses male inmates, however medical staff knew of this requirement and would offer if able to get pregnant.

115.83 (f) ADC Department Order 125 Sexual Offense Reporting states “*Explain to the inmate: The necessity to check for sexually transmitted diseases and sexually transmitted infections prophylaxis.*”.

Medical and mental health staff understood the necessity to check for sexually transmitted infections when medically appropriate.

115.83 (g) ADC Department Order 125 Sexual Offense Reporting states “*Explain to the inmate: Treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*”.

Medical and mental health staff verified that inmates would not pay for the care related to the allegation of sexual abuse.

There was no indication by inmates who had reported sexual abuse, or by reviewing the investigative records that inmates were charged for their care.

115.83 (h) ADC Department Order 125 Sexual Offense Reporting states “*Institutions shall conduct a mental health evaluation of all known inmate on inmate sexual abusers within 60 calendar days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.*”.

Mental health staff said a mental health evaluation would be completed of all known inmate to inmate abusers within 60-days of learning of such abuse history and would offer treatment when deemed appropriate.

A mental health evaluation and treatment plan was provided for the auditors review which verified completion of the evaluation within the 60-day requirement.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- ADC Department Order 125 Sexual Offense Reporting
- 14-2 F Forms for Sexual Abuse Incident Reviews

Interviews:

- Warden
- PREA Compliance Manager
- Incident Review Team

Standard Analysis:

115.86 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*The Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.*".

ADC Department Order 125 Sexual Offense Reporting states "*The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse and sexual harassment investigation, where the final outcome was determined to be substantiated or unsubstantiated. The sexual abuse incident review is not required when the outcome of an investigation is determined to be unfounded. The sexual abuse incident review shall occur within 30 workdays of the conclusion of the investigation. The PREA Compliance Manager shall ensure a review of a sexual assault or sexual harassment incident is completed within 30 workdays of the investigation conclusion.*".

The warden understood a post conclusion incident review needed to be completed for every unsubstantiated and substantiated allegation of sexual abuse.

A member of the incident review team was interviewed and verified it would be completed. The PCM is also a member of the Incident Review team and explained the process for completing the review once an allegation is completed.

RRCC documents the Incident Reviews on form 14-2F Sexual Abuse Incident Reviews. The auditor reviewed the incident reviews for each unsubstantiated and substantiated allegation of sexual abuse.

115.86 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Sexual Abuse Incident reviews review shall occur within 30 days of the conclusion of the investigation.*”.

The auditor reviewed all incident reviews for each unsubstantiated and substantiated allegation of sexual abuse, and all were completed within the 30-day timeframe. The PCM indicated she would initiate and coordinate the review.

115.86 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*In addition to the Warden/Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners.*”.

ADC Department Order 125 Sexual Offense Reporting states “*The sexual abuse incident review team shall include the unit Deputy Warden, Chief of Security, and Correctional Officer IV, with input from line supervisors, investigators, and medical or mental health practitioners.*”.

The PCM reported the review team was comprised of the PCM, upper-level management, medical and mental health managers, with input from line supervisors, investigators. The warden approves the incident reviews once complete.

115.86 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. Completed 14-2F forms will be forwarded to the Warden/Facility Administrator, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator/designee.*”.

Form 14-2F Sexual Abuse Incident Reviews considers:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;*
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;*
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;*
- (4) Assess the adequacy of staffing levels in that area during different shifts;*
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and*

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager”

ADC Department Order 125 Sexual Offense Reporting states “*The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Prepare the Sexual Abuse Incident Review, Form 125-2, and report the findings, including but not necessarily limited to determinations made as outlined in 6.13.1.1 and 6.13.1.5 of this section, and any recommendations for improvement. The Sexual Abuse Incident Review form shall be submitted to the Warden, and designated PREA Compliance Manager for review.*”

The auditor reviewed incident review reports for each unsubstantiated and substantiated allegation of sexual abuse, and all that was completed contained the considerations required in this provision of the standard.

There were some incident reviews that were not completed because they were pending a criminal outcome. The PCM was notified that if they determine an administrative outcome then an incident review needs to be completed within 30 days. She said she will complete all incident reviews once a finding has been made in the future, even if there is a pending criminal case. The administrative investigation is closed before the criminal because they want to ensure a timely investigation.

The Incident Review member that was interviewed knew in general, some of the considerations but was not able to list all the things the review considers.

115.86 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall implement the recommendations for improvement or shall document reasons for not doing so.*”.

ADC Department Order 125 Sexual Offense Reporting states “*The Warden shall implement the recommendations for improvement or shall document the reasons for not doing so.*”.

The auditor reviewed the incident review reports, which included recommendations and reasons for not doing so.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 5-1 Incident Reporting
- 2019 PREA Annual Report
- 2018, 2019 SSV
- CoreCivic Retention Schedule

Interviews:

- PREA Coordinator

Standard Analysis:

115.87 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 5-1BB.*”.

The PREA 5-1 Incident Reporting form was provided to the auditor. It explains the PREA standards definitions for tracking purposes.

The PREA Coordinator explained the tracking mechanism CoreCivic utilizes for tracking allegations of sexual abuse and sexual harassment.

115.87 (b-c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The incident-based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.*”.

The 2018 and 2019 SSV was provided to the auditor as documentation. It detailed the aggregated data for those calendar years.

115.87 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*CoreCivic shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.*”.

The PREA Coordinator explained CoreCivic collects data from all allegations of sexual abuse and sexual harassment. The data is stored in an electronic tracking system and is from the investigative reports, sexual abuse incident reviews, etc.

115.87 (e) CoreCivic is a private facility, however, it is the contracted entity and does not contract for confinement with others to house its inmates.

115.87 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by that Department.*”.

The PREA Coordinator said the SSV is submitted by the due date each calendar year. The auditor reviewed the SSV's for 2018 and 2019 and they were completed by the due date requested.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- PREA Annual Reports for 2017, 2018, 2019
- CoreCivic Webpage

Interviews:

- Agency Head Designee
- PREA Coordinator

Standard Analysis:

115.88 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include Identifying problem areas and taking corrective action on an ongoing basis.*".

The annual reports assess the aggregated sexual abuse data and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas and taking corrective action on an ongoing basis.

The PC explained the process for completing this report.

115.88 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*CoreCivic will prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.*".

The annual report included a comparison of the current and previous years data and provide an assessment of the agency's progress in addressing sexual abuse.

The PC explained this was completed by reviewing the data that had been provided in the incident tracking database.

115.88 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website.*”.

The Executive Vice President (Chief Corrections Officer) approves the report on an annual basis and it is posted on the public website.

115.88 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.*”.

There were no specific materials disclosed on the report that would present security concerns.

The PC said that there would be no such data posted, without redaction.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- PREA Annual Report for 2019
- CoreCivic Records Retention Schedule

Interviews:

- PREA Coordinator
- PREA Compliance Manager

Standard Analysis:

115.89 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records.*”.

The PC said the PREA tracking database is securely retained by limiting the PREA tracking database to limited staff.

The PCM said her PREA files are securely retained.

The auditor was able to see that the PREA files were locked when not in use.

115.89 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website.*”.

The auditor reviewed CoreCivic's website before the onsite audit and was able to see PREA data listed.

115.89 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.*”.

The auditor reviewed CoreCivic's website prior to the onsite audit and was able to see that there were no personal identifiers listed.

115.89 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.*".

The Core Civic Retention Schedule listed 5-1 Incident Reports (includes entire incident packet- PREA) as 10 years.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

CoreCivic Website

Interviews:

Standard Analysis:

115.401 (a) CoreCivic ensures each facility operated by the agency receives an audit at least once every three years. The audit reports are posted on CoreCivic website.

115.401 (b) CoreCivic ensures each facility operated by the agency receives at least one-third of each facility type audit every year. The audit reports are posted on CoreCivic website.

115.401 (f) The auditor reviewed all relevant agency-wide policies, procedures, reports, internal, and external audits, and accreditation for each facility type. This information was sent to the auditor before the onsite audit.

115.401 (g) The auditor reviewed a sampling of relevant documents. The auditor's methodology for reviewing this documentation is detailed at the beginning of the report.

115.401 (h) The auditor had access to and observed all areas of the audited facilities. The auditor conducted an extensive site review on the first day of the onsite audit.

115.401 (i) The auditor received relevant documents. Documents reviewed are detailed in the standard-by-standard analysis.

115.401 (j) The auditor will retain and preserve all documentation. The documentation will be provided to the Department of Justice upon request.

115.401 (k) The auditor interviewed a representative sample of inmates, staff, supervisors and administrators. The auditor followed all guidelines for interviews in the auditor handbook.

115.401 (l) The auditor reviewed videotapes (such as the PREA video) and electronic data such as the watch tour records.

115.401 (m) The auditor conducted private interviews with inmates, residents, and detainees.

115.401 (n) Notice of the audit was posted at the facility six weeks prior to the onsite and inmates were permitted to send confidential information or correspondence to the auditor.

115.401 (o) The auditor communicated with SACASA, the community-based advocacy organization and Just Detention International.

Conclusion:

The auditor has determined the facility is in full compliance of every provision of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Website

Interviews:

Standard Analysis:

115.403 (a) The auditor will include a certification of no conflict of interest.

115.403 (b) The audit report states whether CoreCivic agency-wide policies and procedures comply with the relevance PREA standards.

115.403 (c) The auditor describes the finding in each standard.

115.403 (d) The audit report describes its methodology, sampling size, and basis for the auditor's conclusions for each standard.

115.403 (e) The auditor did not include any personally identifiable information for inmates or staff.

115.403 (f) The auditor will request CoreCivic post the report on its website.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Ericka Sage

July 24, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.